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PUBLIC HEALTH THE AMERICAN WAY

By H. B. Anderson



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P R E F A C E

Liberty is both the foundation stone and the vital spirit of our Republic. It is expressed not only in those two great American charters, the Declaration of Independence and the Constitution, but in our daily lives. To liberty of body and of spirit we owe all our national character and progress. Whenever government has sought, through bureaucratic regulations, to order the people's lives and to usurp the people's individual liberties; whenever it has attempted to restrict freedom in the community or the home; whenever it has violated the rights of minorities—then America and our people have suffered. This has been true in the past, and will be equally true in the future.

The Citizens Medical Reference Bureau, Inc., was organized and has labored with this basic truth in mind. Its one purpose is to restore and preserve the American ideal of liberty as it relates to the art of healing. This purpose is stated as follows in the Bureau's Certificate of Incorporation:

"To preserve, establish, maintain and safeguard through publicity and other lawful means, the right of adults or, in the case of minors, the right of parents or guardians to determine the form or manner of treatment or care to be prescribed or applied for the cure or prevention of disease."

It is therefore clear that the Citizens Medical Reference Bureau, Inc., neither opposes nor advocates any method of healing. But the Bureau is in no way an anti-medical organization. It recognizes that the medical profession has achieved greatly and has won high public esteem; that it is accepted as indispensable to our civilization, and that, within its proper sphere, its activities are beneficent.

The Bureau *is* convinced that compulsory medication, often backed by propaganda and political or other pressure, controverts the American idea of personal liberty, and has within it the power of more harm than good. It believes, too, that certain medical legislation compulsory in nature and in effect has been either proposed or enacted insidiously without bearing the compulsory label.

In the pages which follow, Mr. Harry Bernhardt Anderson, Secretary of the Citizens Medical Reference Bureau, Inc., directs attention

to these and other significant facts which are matters of record in medical and public health literature. Because of its objective approach and of the authoritative nature of the evidence cited, the book merits careful study. Particularly it merits the attention of all who believe in the American principle of freedom, and who realize that in medicine, as elsewhere, idealism and zeal, however sincere in purpose, constitute of themselves neither evidence of infallibility nor justification for the curtailment of our personal liberty.

Raymond Pitcairn

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CHAPTER I.

THE BILL OF RIGHTS A PROTECTION AGAINST COMPULSORY MEDICATION

The ten original amendments to the United States Constitution, known as "The Bill of Rights," set forth in clear and concise language the most complete and enduring set of guiding principles for the preservation of human liberty that has ever been compiled. They became effective December 15, 1791. They today form an integral part of the United States Constitution and have also been embodied in the respective State Constitutions of this Republic. This is highly significant because it is universally recognized that "when the Constitution speaks, it is supreme."

What remains for the American public, to whom liberty is a priceless heritage, to do is to exercise that eternal vigilance which is needed to see that the language contained in "The Bill of Rights" and in other sections of the United States Constitution shall not be construed in such a manner as to mean directly the opposite from what the Founders of this great Republic originally intended it should mean.

Life, Liberty and the Pursuit of Happiness

The Preamble to the United States Constitution reads as follows:

"We, the people of the United States, in order to form a more perfect Union, establish justice, insure domestic tranquility, provide for the common defense, promote the general welfare, and secure the blessings of liberty to ourselves and our posterity, do ordain and establish this Constitution for the United States of America."

In the Declaration of Independence "life, liberty and the pursuit of happiness" are referred to as "unalienable rights."

The first amendment to the Constitution is designed to guarantee the freedom of religion; the freedom of the press and freedom of speech and the right of the people peaceably to assemble and to petition the Government for a redress of grievances.

The fourth amendment is a protection against the entrance of the home without due process of law and unreasonable searches and seizures.

Amendment No. 5 specifies that no person shall be “deprived of life, liberty or property, without due process of law.”

And Section 1, Amendment No. 13 says:

“Neither slavery nor involuntary servitude, except as a punishment for crime, whereof the party shall have been duly convicted, shall exist within the United States or any place subject to their jurisdiction.”

Essential Features of Our Government

One feature of the United States Government is that it is intended to be a Government of Laws as distinct from a Government of Men. In other words, it is intended to be a government of the people, by the people and for the people.

The tenth amendment provides that “The powers not delegated to the United States by the Constitution, nor prohibited by it to the States, are reserved to the States respectively, or to the people.”

Also the law-making power is vested in one body; the administration of the laws enacted are vested in another body; and the courts are independent of either the legislative or administrative bodies.

What Liberty Means to the American Public

Liberty means far more to the American public than human life or our enormous resources.

This was shown by our willingness to make sacrifices in World War I and by the sacrifices we made in World War II.

As the Governor of the State of New York, Thomas E. Dewey, declared in an address June 28, 1944:

“At this moment on battlegrounds around the world Americans are dying for the freedom of our country. Their comrades are pressing on in the face of hardship and suffering. They are pressing on for total victory and for the liberties of all of us.”

Says “God Grants Liberty Only to Those Who Love It, and Are Always Ready to Guard and Defend It”

We agree thoroughly with the declaration by James A. Tobey, M.S., LL.B., in his book “Public Health Law a Manual for Sanitarians” that “The Constitution of the United States has been aptly called one of the greatest documents ever produced by the hand of man.”

But we go a step farther and maintain that it is essential that every American citizen exercise eternal vigilance to see that it is not permitted to be interpreted to mean directly the opposite from what the Founders of this Republic intended it to mean.

As Daniel Webster in a speech, June 3, 1834, said:

"God grants liberty only to those who love it, and are always ready to guard and defend it."

And John Philpot Curran in a Speech upon the Right of Election, 1790 (Speeches, Dublin, 1808), said:

"It is the common fate of the indolent to see their rights become a prey to the active. The condition upon which God hath given liberty to man is eternal vigilance; which condition if he break, servitude is at once the consequence of his crime and the punishment of his guilt."

Stretching the Commerce Clause in the Public Health Field

The establishment of a medical bureaucracy in the United States Government is largely dependent upon the extent to which pressure can be exerted upon Congress to stretch its power over interstate and foreign commerce to include a Federalized system of medical control over the health and lives of the people.

The Constitution of the United States grants no specific delegation of power to the Federal Government for the control of public health work and the powers not delegated to the Federal Government are reserved to the States.

But the trick is to stretch the power of Congress over interstate and foreign commerce; over taxation; its treaty making power, and its power to make laws for the District of Columbia, territories and government reservations to such an extent that the United States Public Health Service will have as much power over the lives and health of every individual citizen in the Nation as it would have had if public health work had not been reserved to the respective States and to the people.

The rise to power of the United States Public Health Service over the past century and a half, and the flood of proposed compulsory medical legislation pending in Congress year after year is evidence of the determination of advocates of compulsory medical legislation to circumvent the United States Constitution and secure the establishment of a medical bureaucracy in the Federal Government.

The Imposition of Penalties Can Be Stretched to Have the Same Effect as the Use of Force

It would seem that if liberty is so strongly safeguarded in the Bill of Rights that all that would be necessary to protect the rights of the individual would be to carry the matter to the United States Supreme Court.

That such is not always the case is shown by the decision in the case of *Jacobson vs. Massachusetts*, 197 U. S. 11 in which a fine of \$5.00 was upheld by the Supreme Court for refusal to submit to vaccination although two of the Justices dissented from the decision handed down.

This decision became a precedent for imposing penalties of various kinds upon unvaccinated persons in some localities to such an extent that in many cases it has the effect of using force, although if anyone actually attempted to use force he would incur the risk of having to defend himself against the charge of an assault upon the body.

The decision in the *Jacobson* case contained a number of provisions as a warning against "arbitrary and oppressive" regulations and any interference with that sphere within which the individual may assert the supremacy of his own will. The decision holds that:

"There is, of course, a sphere within which the individual may assert the supremacy of his own will and rightfully dispute the authority of any human government, especially of any free government existing under a written constitution to interfere with the exercise of that will. . . .

"Before closing this opinion we deem it appropriate, in order to prevent misapprehension as to our views, to observe—perhaps to repeat a thought already sufficiently expressed—namely, that the police power of a State, whether exercised by the Legislature or by a local body acting under its authority, may be exerted in such circumstances or by regulations so arbitrary and oppressive in particular cases as to justify the interference of the courts to prevent wrong and oppression."

The decision in the *Jacobson* case as well as in the case of *Rosalyn Zucht vs. W. A. King et al*, which was decided November 13, 1922, were both in cases where the vaccination requirement was authorized under State law, and neither decision involved the question of vaccination by the use of force.

New Jersey School Official Interprets Word "May" to Mean "Shall" But State Board Says It Does Not

In the State of New Jersey there is a law which provides that boards of education "may" exclude unvaccinated children from the public schools.

In a communication dated December 2, 1924, addressed to the Citizens Medical Reference Bureau, Inc., C. J. Strahan, then Assistant Commissioner of Education, Department of Public Instruction, Trenton, N. J., declared:

"This Department has given its opinion to the effect that Section 173, Article IX, page 93 of the School Law in reference to the excluding by a board of education of unvaccinated children from school has been construed by the Commissioner of Education in re Clarence Curtis et als. vs. Board of Education of the City of Newark, reported on page 656 of the School Law to be mandatory in its provision for the exclusion of unvaccinated pupils, and that to date there has been no reversal of this opinion by any judicial tribunal."

What Mr. Strahan did not state was that this matter was finally taken before the State Board of Education and that the State Board on May 6, 1916, adopted a resolution to the effect that the word "may" does not mean "must", as brought out in the following communication signed by E. F. Lamson, Clerk, State Board of Education, State of New Jersey, addressed to Mr. R. H. Minton, German American Stoneware Works, Metuchen, N. J., May 8, 1916:

"This is to advise you that the State Board of Education, at its meeting on May 6th, adopted a resolution to the effect that 'the word "may" in the first sentence of Section 145 of the school law, edition of 1914, does not mean "must" but leaves it within the province of local boards to determine whether or not pupils and teachers must be vaccinated.'"

That boards of education in New Jersey are free not to require vaccination for admission to the public school is evidenced by the fact that approximately one-half of the boards of education do not make vaccination a requirement and no attempt has ever been made in the courts to compel them to do so. And it is shown by the many attempts which have been made to secure the passage of a law designed to make vaccination a requirement, which have been turned down by the Legislature.

**A Few of the Many Outstanding Physicians and Educators
Who Have Championed the Cause of Liberty in
Matters Pertaining to Public Health**

**Dr. Benjamin Rush, a Signer of the Declaration of Independence,
Opposed Compulsory Medication**

In a lecture delivered November 3, 1801, Benjamin Rush, M.D., a signer of the Declaration of Independence, referred to "the interferences of governments in prohibiting the use of certain remedies, and enforcing the use of others by law," as a mistaken policy and as harm-

ful to medicine, as a similar practice with respect to opinions, has been to the Christian religion.

Following is a copy of a letter received by the Citizens Medical Reference Bureau, Inc. from Mr. Ralph W. Still, 1004 Mills Building, El Paso, Texas, giving the source of the quotation here referred to by Doctor Rush:

"April 10, 1940.

"Mr. H. B. Anderson, Sec'y-Treas.,
"Citizens Medical Reference Bureau, Inc.,
"1860 Broadway, New York.

"Dear Mr. Anderson:

"I may be mistaken, but I seem to recall having had some correspondence with you several years past concerning a quotation purporting to have been from the pen of Dr. Benjamin Rush; the quotation, as I received it, many, many years past, being as follows:

" 'The Constitution of this Republic should make provision for medical freedom as well as for religious freedom. To restrict the art of healing to one class of men and deny equal privileges to others will constitute the Bastile of medical science. All such laws are un-American and despotic. They are fragments of monarchy and have no place in a Republic.'

"While I have not been able to secure verification of the above, I have, at long last, secured the following, which was taken from the records of the University of Pennsylvania, and which I know to be true and exact quotations.

"The information, or quotations, below are from *Six Introductory Lectures, to courses of Lectures, upon the institutes and practice of medicine*, by Benjamin Rush, M.D., pp. 151-152. *Lecture VI.* from which these quotations are taken, is entitled 'Upon the Causes which have retarded the progress of Medicine, and the means of promoting its certainty and greater usefulness.' Lecture delivered November 3, 1801.

"21st. The interferences of governments in prohibiting the use of certain remedies, and enforcing the use of others by law. The effect of this mistaken policy has been as harmful to medicine, as a similar practice with respect to opinions, has been to the Christian religion.

"22nd. Conferring exclusive privileges upon bodies of physicians, and forbidding men of equal talents and knowledge, under severe penalties, from practicing medicine within certain districts of cities and counties. Such institutions, however sanctioned by ancient charters and names, are the bastiles of our science.

"Sincerely yours,
"(Signed) Ralph W. Still."

New York City Department of Health Proved Effectiveness of Voluntary Measures in Wiping Out Diphtheria

One important feature of carrying on public health work locally without submitting to Federal control is that boards of health and

medical societies are free to express themselves in favor of voluntary measures if they so desire and are also free to abandon any form of treatment which they regard as harmful.

It is significant to note, therefore, in contrast to the various bills which have been proposed in a number of state legislatures providing for compulsory immunization against diphtheria, that voluntary measures are still being recommended by various medical and public health authorities.

In this connection the *New York State Journal of Medicine*, August 1, 1939, published an address by the late Charles F. Bolduan, M.D., of the New York City Department of Health broadcast from the World's Fair over WNYC, May 29, 1939, in which he said in part:

"In the fall of 1928, with substantial aid supplied from private sources, the Department set out to control diphtheria in New York City. . . . The manner in which the Department of Health set about to accomplish this object illustrates what I have said. It did not have the Board of Health enact a law making it compulsory for parents to have their young children immunized; instead it organized an intensive campaign to educate parents regarding the value of such immunization. *Health Education in preference to police power.* That was the decision . . . It is in thorough accord with our principles of government that we strive to obtain results by education rather than by police compulsion. . . ."

It is further highly significant to note that the *New York State Journal of Medicine*, August 1, 1939, in commenting upon the address by Doctor Bolduan, stated that "it is like a refreshing breeze over heat-dried land to listen to an authoritative statement from a career official who holds the education of the public in health matters as more important and effective than the enactment of laws of compulsion."

Following is a complete copy of the editorial in the *New York State Journal of Medicine*, August 1, 1939:

"Education Versus Compulsion

"In this issue there appears the text of an address, broadcast from the World's Fair over WNYC on May 29, by Dr. Charles F. Bolduan of the New York City Department of Health.

"While its references are local, its implications are of general import and application. Because of its wider interest, it is published in our JOURNAL. All should read this address.

"Dr. Bolduan is one of the senior members of the New York Department of Health. He has had part in, and has witnessed some of the most successful efforts of a health department to conquer preventable diseases and to improve healthy housing and working conditions for the people in New York City. His short address is significant in that it not only demonstrates what an efficient

health department can do, but it stresses particularly what a health department shall not do. 'Thus far and no farther' is what this address implies.

"In a time when short-sighted protagonists for 'compulsion' in many forms of contemporary life are loudly proclaiming the 'urgent' necessity for the use of 'compulsory measures' in matters related to health problems, it is like a refreshing breeze over heat-dried land to listen to an authoritative statement from a career official who holds the education of the public in health matters as more important and effective than the enactment of laws of compulsion.

"Certainly the address points the lesson that compulsory laws would have failed to bring the fine results which consistent and persistent public education brought. It cannot too often be stressed that our people are individually a 'thinking' people. Show them the reasons behind your efforts, and they respond splendidly. Try to use compulsions without educational efforts, and their reaction is instinctively the development of evasion and opposition. There is a lesson in this that the proponents of compulsory health insurance should heed."

Doctor Bigelow in His Inaugural Address Before the Ohio State Medical Association Vigorously Denounced Bureaucratic Medicine

The inaugural address of L. L. Bigelow, M.D., as President of the Ohio State Medical Association, May 10, 1927, was one of the most enlightening and courageous exposures of the evils of compulsory medicine that any medical official has dared to make.

Health board clinics, inoculation campaigns at public expense, overzealousness of health officials to compel medical treatment and the concentration of power in Washington were particularly singled out by Doctor Bigelow in his arraignment of paternalism.

Doctor Bigelow took the position that "the implications, intentions and tendencies of these movements are their real substance, and they should be adjudged as of good or evil import, not on the basis of the immediate relief they afford to a few isolated individuals or groups, but from the larger, more philosophical consideration of the disastrous end results sure to follow the inoculation of our people with the virus of paternalism."

The following extracts are from the inaugural address by Dr. L. L. Bigelow, M.D., F.A.C.S., Columbus, before the Ohio State Medical Association, May 10, 1927:

"I deny the necessity of bureaucratizing medicine, making it a function of the State, turning the doctor into a kind of sublimated policeman, creating of his kind a vast new army of government employees, with a consequent transfer of his allegiance from the patient to the State, and a vaster army still of non-medical employees who will be appointed to ride herd on the medical profession and issue the endless regulations and interminable reports and surveys which are the sign manual of a bureau's efficiency. . . .

Types of Overzealousness

"The Commissioner of Health of the State of Virginia, estimates there are some twenty thousand children in his State who would be better off if their tonsils and adenoids were removed. He has put this situation before the nose and throat section of the Virginia State Medical Association and is waiting to hear what they are going to do about it. The inference seemed plain that if they were not going to remedy the situation, he would have to do it himself. Is not this evidence of overzeal, of a definite step in the direction of State Medicine, and does it not illustrate the contention of Mencken that the hygienists intend to maintain the population in vigor and happiness at the public expense? 'When the blood in their veins is running reddest,' he says, 'they even propose to do it against their will.'

"If, as may appear, I have used language that is a little extravagant—I have done so for the purpose of making you think, and jarring you into a realization of the real significance of these departures from the traditional accepted functions of a health department.

"I do not wish to be understood as being lacking, either in sympathy or appreciation, of the importance, the vital necessity, of the public health department, with a high-toned competent personnel. And I have as much pride as anyone in the history of our own State Department of Health and its fine record of accomplishment. These feelings, which you share with me, however, should not prevent us from being sensitive to an extension of their activities into the field of medical practice—and to move to disagree.

Reasons for Opposition

"More weighty reasons exist for opposition to measures like this than a narrow selfish consideration of their disastrous effect on the economic welfare of the doctor. The Supreme Court of the United States has more than once declared that it 'looks through the form of any proceeding to its substantial character,' and 'that what is reasonably implied is as much a part of it as what is expressed.' Therefore the implications, intentions and tendencies of these movements are their real substance, and they should be adjudged as of good or evil import, not on the basis of the immediate relief they afford to a few isolated individuals or groups, but from the larger more philosophical consideration of the disastrous end results sure to follow the inoculation of our people with the virus of paternalism. Through an area of the brain rendered senseless by that powerful anesthetic 'welfare,' repeated injection of small doses of socialism are being administered, now by legislative enactment, now by private enterprise, to the end that our instinctive feelings of revolt shall be weakened and neutralized, so that the body politic, at least thoroughly desensitized, may swallow the whole program of socialism at a gulp.

Concentration of Power

"May we not agree with Judge Edward P. Buford, of Virginia, who has said that 'the concentration of power in Washington through the multiplication of administrative bureaus under a perverted interpretation of the general welfare clause is the most far-reaching and dangerous of modern legislative tendencies.'

"A long way indeed have we departed from the ideals of those sturdy pioneers who laid the foundation of our institutions, and who wanted, in the words of Thomas Jefferson, 'a wise and frugal government which shall restrain men from injuring one another and leave them otherwise free.'

"The establishment in the past two or three years of isolated clinics, apart from the general hospital or dispensary, to diagnose, advise and treat patients with 'single' disorders, as heart disease, for instance, carries with it more inherent possibilities for evil than for good. The men who take charge are apt to become over night great specialists on the ipse dixit of those socially-minded individuals who found these clinics; the public is led to believe that human disorders are confined in location and effects to single organs or small areas; and the net result is sure to be an undermining of public confidence in the knowledge and ability of the general practitioner. Through acquiescence and support of these and other like ventures, because they promise on their face to accomplish some immediate good, through failure to recognize their essential substance in their implications and tendencies, we are helping to dig the pit of communism into which we are falling of our own volition. . . ."

London Physician Reviews the Motives of Mankind in Their Relation to Establishment of a Medical Despotism

The motives of mankind in their relation to the establishment of a medical despotism were reviewed by Dr. J. W. Carr in his presidential address before the Medical Society of London, which was published in *The Lancet* (London), October 13, 1928, p. 753.

Referring to the first aim which normally dominates ambitious men—Love of Power and Influence—Doctor Carr said in part:

"Under the Ministry of Health there would be eventually a complete State Medical Service, such as a large number of doctors already demand. . . .

"It is difficult, indeed, to conceive of any part of a man's daily life, work or play, from his conception in utero until the final disposal of his remains after death, in which health is not concerned in some way or another; and consequently it follows that in every step and department of life the authority of the medical man must ultimately become supreme. The mother would be kept under careful observation throughout pregnancy, the confinement would take place in a maternity hospital, the child would be looked after first at an infants' and later on at a children's clinic; throughout school-life he would be examined repeatedly by the school doctor, who would see that any medical or surgical treatment required was carried out either by the doctor of the family or at a suitable institution. On leaving school his choice of a vocation would be determined largely by the school and family doctors, in consultation with a psychologist, so that there should be no misfits in regard to employment. Necessarily also the doctor would have the final decision in such matters as to where the man should live, his hours of daily and weekly work, the length of holidays, and the date of retirement from employment. Legal compulsion would be essential to support his authority, especially in regard to such matters as vaccination—of course, not merely against smallpox, but for a number of other diseases, especially against diphtheria—and also to ensure that operations

essential for the child's well-being were not evaded owing to the ignorance or prejudice of parents.

Orthodoxy an Essential

"Coming to our second great aim, that of firmly establishing professional uniformity and orthodoxy," said Doctor Carr, "we have two separate problems to consider; first, that of preventing every form or description of medical practice outside our own ranks, and secondly, that of extirpating at its earliest commencement any heresy or schism amongst ourselves." Doctor Carr added:

"We come next to the more difficult subject of the maintenance of discipline within our own ranks. Until all medical men are brought completely under the aegis of the State, it would be essential that they should be subject to a strict trade-union control, to prevent such delinquencies as the acceptance of inadequate rates of payment, fee-cutting, or any form of blacklegging. To this union would be consigned the responsibility for medical defence and medical charities, and it would be clearly understood that all practitioners who transgressed its rules would be liable to lose the privilege of medical defence for themselves and all claim to medical charities, either for themselves or their dependents. Incidentally, we note that once all doctors had become State officials they would probably become immune from actions for damages, under the far-reaching constitutional principle that The King can do no wrong."

The Idealists

"To attain our third object in life and so complete the sum of our ambitions," said Doctor Carr, "it remains for us to convince first of all ourselves and then the public that all our motives are purely unselfish and that our time, thoughts and endeavors are devoted solely to furthering the physical well being of our fellows," and added:

"We need have little difficulty in satisfying ourselves on this point, for probably we already cherish the idea that we are members of the one profession (apart possibly from the clerical) which wholeheartedly sacrifices itself to the interests of other people. It is essential, however, for us to persuade the general public that by giving us autocratic control of their lives and by strictly obeying our orders, their happiness will be increased, their health improved, and their days prolonged. . . .

"In our expansive moments, especially in after-dinner speeches, we are already fond of pointing out to our audiences, particularly if nonprofessional, that we afford an unique example of a profession ever actively engaged in trying to destroy the sources of its own livelihood; and that by doing our best to prevent disease we are always diminishing the number of our potential patients. In fact, in one form or another we repeat the statement so often that there is actually some danger we may begin to believe it, although even this would have its advantages, for the more completely we are convinced that we are unselfishly sacrificing ourselves in the interests of the public, the more

likely are we to be able to persuade them to entrust us with ever-increasing powers over their lives and habits."

Medical Despotism

"Even if it were possible of fulfilment, the greatest objection of all to it is that human nature is so constituted that the possession of autocratic power in any department of life inevitably converts a man into a tyrant," said Doctor Carr, and added:

"It would seem that no one man, nor any body of men, is capable for any considerable time of exercising uncontrolled power without being morally ruined as a result. Only by an effective opposition, only by the constant interaction of contending forces, only by the knowledge that if he makes a mistake, retribution will sooner or later overtake him, can a man be preserved from what I ought perhaps to call a superiority complex, from arrogance, conceit, and disregard for the rights and feelings of others. The fact that our motives and purposes in seeking to impose our wills upon other people are of the highest and best only makes matters worse, because if we are firmly and conscientiously convinced that we are unselfishly out to benefit others, then increasingly we feel that the end justifies the means and that we are morally bound to use every possible effort and ruthlessly to overcome all opposition in order to attain that which we feel certain is right. . . ."

The Permanence of Regulations: Smallpox and Vaccination

"Another difficulty to be faced under the rule of a medical bureaucracy," said Doctor Carr, "would be that if once any official procedure were established by law it would be a long and difficult process to get any alteration made to suit different circumstances," and added:

"An exceedingly mild form of smallpox has now been epidemic in this country for several years; ought we not seriously to consider whether a disease which causes such slight constitutional disturbance, such an almost inappreciable number of deaths, and so few—if any—after-results, really calls for the elaborate and most expensive system of hospital isolation which we maintain for it, especially as we are told that in some districts it is considered preferable to have a pleasant three weeks in hospital with smallpox than to suffer from vaccination at home. Also, if the disease is really not more serious than chickenpox, let us treat it accordingly and not try to prevent it by giving another disease which may cause as much, or more, constitutional disturbance, and in some cases as long, or even a longer period of incapacity for work.

"The results of vaccinia are not absolutely negligible and, unfortunately, whilst the number of deaths from small pox is now certainly much over-stated, there is a possibility that those from vaccinia may be understated. Moreover, it is now recognized that in a certain number of cases recently the vaccination

of children previously perfectly healthy has been followed by an obscure condition of encephalomyelitis which not uncommonly proves fatal."

The Profession Self-Enslaved

"Whilst, for reasons already given, I believe a medical autocracy would be thoroughly bad for the public generally, I feel equally sure that in the long run it would be equally injurious for doctors themselves," said Doctor Carr, and added: "It is often the case in life that the most disastrous thing which can happen to a man is to be uniformly successful in the attainment of his ambitions, and there is no reason why medical men should be exempt from this rule, even were it conceivably possible for them to reach their ideals and so control in large measure—however beneficently—the lives and destinies of their fellow creatures. Such a change could, of course, only be brought about by a most complete organization and by the closest possible alliance with the State. The result would necessarily be that, however much power the medical profession as a whole might acquire, its individual members, even those most highly placed, would merely be slaves in or of the organization they had created, having implicitly to obey its rules and conform to its methods, entangled in ever-growing coils of official procedure and red tape." Doctor Carr added:

"Individualism, at present I consider one of the chief glories of medical practice, would be destroyed; to an increasing extent we should become mere automata, acting within narrowly defined limits under the guidance of orders of superior officers whom, in our own interest—for purposes of advancement and so on—it would be essential always to conciliate . . . All life, all initiative would be extinguished, originality would be discouraged, research, as I have already pointed out, confined within strictly defined limits, and in enslaving others we should ourselves become the greatest slaves."

"For two things we need constantly to strive," said Doctor Carr, "the first is humility—for an acute realization not so much of the comparatively little we know as of the enormous extent of our continued ignorance; to realize also how many and insidious are the pitfalls which ever beset us alike in diagnosis, in prognosis, and in treatment; how easy it is to draw false deductions and especially, because it enhances our intellectual pride and our reputation with others, to attribute to our own skill that which is really due to nature. We are probably only too apt to think anything new arising outside our own ranks must necessarily be worthless. The danger is that any body of men who acquire knowledge, especially about the human body, much beyond that possessed by the rest of mankind, are apt to give themselves quite unnecessary airs of superiority which, in the long run, certainly do not win for them the respect or esteem of their fellows.

"The second object at which we should constantly aim is the maintenance of our freedom. How true is the old saying that the price of freedom is eternal vigilance, whether it is personal, religious, political, or professional freedom. Man is so constituted that, as I have pointed out already, he is always trying to gain control over his fellow men. In medicine this can only be effected by close alliance with the State, in other words, by means of a State Medical Service in a Socialist commonwealth. This entails the extinction of individualism and the loss of freedom, with all its paralyzing effects on originality and progress. No gain can possibly be commensurate with so great a loss."

University Regent Attacks Pernicious Notion That the Citizen is the Ward of the State

"There are many indications that we are drifting toward the pernicious notion that the citizen is the ward of the State," said William Nottingham, M.A., Ph.D., LL.D., while a Regent of the University of the State of New York, in an address at the Convocation of the University of the State of New York, October 22-24, 1908, on the subject "How Far Are School Authorities Justified in Assuming Responsibility for the Health and Physical Conditions of Pupils." Doctor Nottingham added:

This conception is not only unworthy of us and our times, but it is unjust to him and tends to lessen his self-dependence, impair his self-respect, and hamper his efforts to reach his highest destiny. We would much better take the loftier and more healthful view, that the average American, by birth, amid our institutions, is naturally endowed with a keen sense of his personal rights and privileges, with an abounding ambition to do things and a large capability of looking out for himself. We are ages in advance of the Spartan regime under which the child at birth was examined by the ruling elders to determine whether or not he was fit to be reared, and at the age of seven was taken over by the State. . . .

"It requires but a casual observation on the part of the thinking person to discover a distinct drift toward paternalism in the governmental administration of affairs in this country. . . . Never more than under our system has everyone the right to know by what authority, under what pretext, and for what purpose, does the State propose to invade the private domain of the citizen."

Says the School Must Supplement the Home, But Never Supplant It

"Converging our thoughts then directly upon the subject in hand: When it is suggested that the 'school authorities assume responsibility for the health and physical condition of the pupils' an important question at once arises," said Doctor Nottingham. "We must all agree

that such responsibility cannot exist without the legal right and incidental powers necessary to its discharge The parents naturally would like to know, when they send their child off to school in the morning, how much of him they may fairly anticipate will return at night, and by what authority the missing parts have been subtracted," said Doctor Nottingham, and added:

"Again assuming that it were legally permissible, would it be a wise policy for the school authorities to assume responsibility for the health and physical condition of pupils? In this country, at least until quite recently, it has been generally believed that this duty rested primarily upon the parent, and that the performance of this office for the child was peculiarly within the province and obligation of the home. But from what we have seen of late in the public prints we infer that it has been suddenly discovered that the legal guardian has been remiss in his duties and the necessity revealed of delegating this work to the school. . . .

"Assuming, however, for the sake of the argument, that the physical condition of the average pupil is as bad as claimed, does that afford a sufficient reason for enlarging the burdens and increasing the labors of those in charge by turning the schools into general hospitals or free dispensaries? It is the plain duty of the school authorities to see to it that the school buildings and all places where the students assemble for study are safe, sanitary, comfortable, well lighted and ventilated, and in every way suitable and calculated to facilitate and promote the work to be there performed. When they assume to go beyond this, and to take charge of the physical condition and health of the pupil we believe they have transcended their functions. This duty should be left to the parent or legal guardian, where it properly belongs.

"Furthermore, although there may be exceptional cases and localities, we should say as a general rule that if the duty of looking after the health and physical condition of the child is taken from the parent and his chosen physician and delegated to the school, it is not likely to be so well performed. Those medical practitioners who are appointed under any political regime to the charitable work of the State are not apt to be the most experienced or skilled physicians or surgeons, but rather the new recruits to the profession who are looking for business. Should the schools add this department I can readily discern the opening up of a large field for exploitation and experiment.

"Finally, in the nurture and training of youth the home and the school have their distinct and peculiar duties and functions—both exalted and important. The vital and essential relation of each to the progress of our people cannot be too strongly emphasized. The home should not be encouraged to think that it can shoulder its obligations upon the school. The school must supplement the home, but never supplant it."

CHAPTER II

FEDERAL HEALTH SERVICE OFFERS NEW PLAN FOR THE MEDICAL CONTROL OF EVERYBODY

Plan Involves Field Stations With Clinics and Club Rooms for Doctors Integrated With Rural and Base Hospitals and the Passing of the "Doctor With His Saddlebags"

The purposes and aims of the United States Public Health Service are to streamline the medical profession and secure the passage of legislation providing for the medical control of everybody, under a system patterned after the medical control now exercised by the Army and Navy over our armed forces. This was never more clearly set forth than in the plan outlined by Surgeon General Thomas Parran, U. S. Public Health Service, in a radio address entitled "The Problem of Medical Care in America Today and Tomorrow," sponsored by Lederle Laboratories, Inc., November 10, 1944. The address by Doctor Parran is especially significant when considered in its relation to legislation already enacted at the instigation of the United States Public Health Service, and in relation to the recommendations of a Senate subcommittee, January, 1945, headed by Senator Claude Pepper, for an even more extensive program than the plan outlined by Doctor Parran.

A Slap at the Family Physician

When Doctor Parran stated that "No single person can know and practice expertly the whole of medical science" and when he stated in reply to a question by Mr. Cross if the day is passing for the country doctor with his saddlebags, riding alone through the countryside, "Definitely, Mr. Cross. The modern doctor doesn't believe in that type of medical practice because he wants his patients to have the best that medicine can give," it implies that under his plan the old-time family physician, which many persons have come to regard as the back-bone of the medical profession, is now to be passe.

Club Rooms for All Physicians at Public Expense

The reply which Doctor Parran gave to a question by Mr. Cross if the rural hospitals would be the front-line, so to speak, makes it

clear that he has in mind a system of health centers throughout the country which would provide offices or club rooms for the doctors of the community "so that they can enjoy the use of all the facilities jointly . . . and have the opportunity to meet together, discuss their problems together . . . share their knowledge in such a way that they operate as a team."

In the address by Doctor Parran, which was reprinted by Lederle Laboratories, Inc., 30 Rockefeller Plaza, New York, manufacturers of pharmaceutical and biological products, Doctor Parran said:

"No . . . the 'front line,' to use your expression, Mr. Cross, would be a system of health centers. They will become the field stations of the future system of health care. Here the laboratories and administration facilities of county and city health departments would be housed. The health center, in fact, the whole hospital system will be concerned both with prevention and treatment. It will be provided with well-equipped laboratories for the performance of many diagnostic tests. There will be X-ray facilities for the detection of tuberculosis, clinics for the treatment of venereal diseases, assembly rooms for health education. And, ideally, the center will provide offices for the doctors of the community so that they can enjoy the use of all the facilities jointly . . . and have the opportunity to meet together, discuss their problems together . . . share their knowledge in such a way that they operate as a team.

"MR. CROSS: This program you have just outlined, Doctor Parran . . . it certainly is breath-taking in its scope and implications."

Refers to Medical Treatment of Armed Forces

It is to be noted that Doctor Parran refers to the fact that some 10 million men and women in the armed forces now receive complete medical and hospital care, but he fails to make any mention of the fact that such treatment is compulsory and that large numbers of persons in civilian life are strongly opposed to compulsory medication. In answer to the question by Mr. Cross, "Don't you agree, Doctor Parran, that there has been a great awakening of public interest in health problems in recent years?" Doctor Parran says:

"DOCTOR PARRAN: There is no doubt of it. It is due in part to the spectacular advances of medicine. In addition, there is the fact that some 10 million men and women in the armed forces now receive complete medical and hospital care. Many of them came from families for which such care has never been available. In peacetime, they will demand it for themselves and for their families. We must plan now if such demands are to be met even in part."

Plan to Cost Many Billions of Dollars

Although in the year 1943 the average bed occupancy for all hospitals was only 76.2 per cent, indicating that many millions of additional patients could have been accommodated if all the available beds had been occupied continuously to capacity, Doctor Parran offers a program involving the expenditure of two billion dollars for hospital construction alone. Although he denies that his plan would place the great proportion of our hospitals under Federal control, he does state that "The value of such a program though, lies in the fact that it will permit us to plan our hospital program on a national scale," as brought out in the following questions and answers. (No protest is here intended against any necessary increase in hospital facilities for the armed services) :

"Mr. CROSS: Well, then, Doctor Parran . . . that would seem to heap one problem on another. First . . . the question of where the two billion dollars needed for hospital construction will come from . . . and, second, . . . once these hospitals are built, how can they be maintained so that they serve all sections of our population equally. What is the answer, Doctor Parran?"

"DOCTOR PARRAN: The answer, in my opinion, is a program of Federal aid to the states and communities in proportion to need. These grants-in-aid should provide for the actual building of the hospitals and also for equipment. As for up-keep, it seems only logical to expect the local community to share part of the burden, at least.

"Mr. CROSS: Wouldn't that place the great proportion of our hospitals under Federal control?"

"DOCTOR PARRAN: Definitely not. The Federal Government should help to build the hospital and contribute to the cost of hospital care for those who otherwise cannot afford it. But professional control of the institution would remain where it belongs among the doctors of the community, and in some cases, with State supervision.

"Mr. CROSS: That would seem to be an ideal way to integrate the structure of this national medical planning.

"DOCTOR PARRAN: The value of such a program, though, lies in the fact that it will permit us to plan our hospital program on a national scale. Also, it will equalize the distribution of facilities and make good hospital care possible for some 15 million citizens. It will introduce modern plants, scientific equipment, and the great new advances of medicine into communities now dependent upon outmoded and wholly insufficient medical services. Such a construction program should stand high on the postwar priority list. Further, it will bring physicians into areas that need them badly. I repeat, physicians follow the hospitals. In counties without hospitals, there are only 67 doctors per 100,000 population, while there are two-and-a-half times that number in counties having recognized hospitals."

Need of Applying a Check to the Ever Increasing Power of the U. S. Public Health Service

When Congress passed an Act July 16, 1798, establishing the "Marine Hospital Service" for the relief of sick and disabled seamen few persons could have visualized the successive stages by which that service was to become one of the most powerful bureaus in Washington with authority over the health and lives of every individual in the entire country, which is ever reaching out for more and more power.

Over a period of three-quarters of a century public health work remained under the jurisdiction of the States and there was no invasion of state rights by the Federal Government in matters pertaining to public health, the Marine Hospital Service being concerned only with the relief of sick and disabled seamen.

Enactment of Quarantine Laws

On April 29, 1878, Congress passed an Act "to prevent the introduction of contagious and infectious diseases into the United States." On March 3, 1879, Congress enacted what was afterwards known as the "National Board of Health Bill," but this was shortlived and was repealed February 15, 1893, when an Act was passed granting additional quarantine powers and imposing additional duties upon the Marine Hospital Service. The law of 1878 dealing with quarantine was amended and extended by Acts of Congress in 1890, 1893, and 1906.

Hygienic Laboratory Established in 1901

On March 3, 1901, an Act was passed providing a building for the Hygienic Laboratory for investigation of contagious and infectious diseases and matters relating to the public health.

Health Service Established in 1902

On July 1, 1902, an Act was passed to increase the efficiency and change the name of the United States Marine Hospital Service to the Public Health and Marine Hospital Service of the United States. This Act provided that the Supervising Surgeon General and the officers now or hereafter commissioned under the Act of January 4, 1889, entitled 'An act to regulate appointments in the Marine Hospital Ser-

vice of the United States,' and Acts amendatory thereof, shall hereafter be known as the Surgeon General, surgeons, passed assistant surgeons, and assistant surgeons of the Public Health and Marine Hospital Service of the United States. The idea of placing commissioned medical officers of the United States Public Health Service on a military basis, therefore, had its inception as far back as 1889.

It provided for the calling of an annual conference of health authorities of all the States and Territories and the District of Columbia and the publication and distribution of mortality, morbidity and vital statistics, and created an advisory board for the hygienic laboratory.

Another Act, passed July 1, 1902, provided for the licensing in interstate traffic of biologic products.

Name Again Changed in 1912

In 1912 an Act was passed changing the name of the Public Health and Marine Hospital Service of the United States to the Public Health Service, fixing the salaries of commissioned medical officers and providing as follows:

"The Public Health Service may study and investigate the diseases of man and conditions influencing the propagation and spread thereof, including sanitation and sewage and the pollution either directly or indirectly of the navigable streams and lakes of the United States, and it may from time to time issue information in the form of publications for the use of the public."

An Avalanche of Medical Bills From 1908 to Present Time

From 1908 to the present time every session of Congress has been flooded with medical proposals of all kinds designed to centralize all public health work in Washington and in recent years these proposals have even gone so far as to seriously propose the complete socialization of the medical profession.

From 1910 to 1916 these bills were largely concerned with attempts to establish a National Department of Health with a physician in the President's Cabinet. These bills all met with defeat, and for a few years it seemed generally understood that public health work for the most part must be regarded as a local responsibility and not a function of the Federal Government.

But in 1919 a new crop of bills were introduced with the idea that the Federal Government could advance large sums of money to the States for alleged health purposes, provided the States appropriate a like amount and then allow the Federal Government to control the expenditure of what the States appropriated as well as what it appropriated by demanding that the States submit detailed plans for approval by the Federal Government before any money was advanced.

These bills were defeated except for a so-called Maternity and Infant Hygiene Law, whose activities were placed in the Children's Bureau and not with the Public Health Service, but this law provided for termination after five years and after a further extension it was finally terminated completely.

Institute Bill Passed in 1930

In 1930 a bill providing for a so-called National Institute of Health was passed in a much amended form. This bill changed the name of the Biologic Laboratories of the Public Health Service to the National Institute of Health. It also contemplates gifts from private philanthropists to the Federal Government to be used for fellowships at home and abroad.

Health Appropriations to the States Included Under Social Security Act

The Social Security Act passed by Congress in 1935, as amended in 1939 provided for an appropriation of \$11,000,000 annually to be distributed by the United States Public Health Service to the States on the basis of the need of each State for such assistance, for the purpose of developing State health services, including the training of personnel for State and local health work and for the purpose of assisting counties and/or other political subdivisions of the States in maintaining adequate public health programs on certification to the Secretary of the Treasury.

The same Act as amended in 1939 provided an annual appropriation of \$5,820,000 to be distributed under the supervision of the Children's Bureau to the States for maternal and child welfare. The States must also participate financially and submit plans for approval by the Chief of the Children's Bureau.

Additional Appropriations for Prevention of Venereal Diseases

In 1938 an Act was passed by Congress appropriating \$15,000,000 for the alleged prevention of venereal diseases to be distributed over a period of years. The original request had been for an appropriation of \$271,000,000 over a period of years.

Once the venereal disease program of the United States Public Health Service was launched, additional appropriations were requested and the sums now appropriated annually amount to several times the original appropriation of \$3,000,000 the first year, \$5,000,000 the second year and \$7,000,000 the third year.

Act to Consolidate and Revise Laws Relating to the Public Health Service

On July 3, 1944, the President signed an Act to consolidate and revise the laws relating to the Public Health Service.

This Act provides authority to make grants-in-aid to research institutions for study of any disease—in the same way the National Cancer Act of 1937 provides for cancer research. It authorized expansion of the Federal-State cooperative public health programs, and calls for the establishment of a national tuberculosis control program, patterned after the venereal disease control program.

The Act raises the ceiling of Federal appropriations for grants-in-aid to the States for general public health services from \$11,000,000 annually (as provided under title VI of the Social Security Act) to \$20,000,000. It also provides for an appropriation of \$10,000,000 for the fiscal year ending June 30, 1945, and for each year thereafter a sum sufficient to carry out the purposes of the subsection dealing with tuberculosis.

The following provision is also contained in the Act:

“The Surgeon General may detail personnel of the Service to nonprofit educational, research, or other institutions engaged in health activities for special studies of scientific problems and for the dissemination of information relating to public health.”

Proposals for Vast System of Socialized Medicine Now Being Offered

A committee to coordinate health and welfare activities of the Federal Government was appointed by the President in August, 1935,

consisting of six persons selected from different Governmental agencies but without any representation from Congress or the taxpaying public.

Then a technical committee on medical care was created consisting of three persons from the Public Health Service and one each from the Children's Bureau and the Social Security Board, but with no representation from Congress or the taxpaying public and this technical committee proceeded to make a survey of the health and medical care work of the United States Government. In 1938 it made up a lengthy report and drew up five recommendations. The recommendations contained in the first three reports if carried out were estimated to cost \$850,000,000 annually and the last two reports dealing with compulsory health insurance would mean the raising and later distribution of billions of dollars annually.

On February 28, 1939, Senator Robert F. Wagner introduced a bill S. 1620, this being the first definite move in a program to have the recommendations of the interdepartmental committee for a so-called Federal health program carried out.

And in 1943 the widely publicized Wagner-Murray-Dingell bill providing for compulsory health insurance was introduced in Congress.

President Coolidge Opposed Militarization of Services of Public Health Service

"For some time past there has been a definite movement among various groups of Government professional and scientific employees toward militarization of their respective services, and I am impelled to oppose this movement from the standpoints of both economical administration and public policy," said President Calvin Coolidge in his veto message May 19, 1928, of a bill providing for the coordination of the public health activities of the Government, and added:

"From an economic standpoint the method of appointment of the civilian personnel should be such that the force of Government employees can be increased or decreased as the needs of the service or condition of the Treasury makes necessary. But more important still, I do not believe that permanency of appointment of those engaged in the professional and scientific activities of the Government is necessary for progress or accomplishment in those activities, or in keeping with public policy. If this were the only objection, I might have been inclined to overlook it, though I feel it is one that ought to be corrected in the preparation of any new legislation. The unconstitutional feature, of course, I could not overlook."

President Coolidge Opposed Federal Aid

As many of the bills introduced in Congress from time to time are based on the principle of Federal aid in which the Federal Government agrees to appropriate a certain amount, provided the States appropriate a like amount the following extract from *The Congressional Record*, January 22, 1924 quoting President Calvin Coolidge as being opposed to Federal aid is significant:

"MR. BOYCE: Mr. Speaker, I desire to place myself on record as firmly in favor of economy in the administration of the Federal Government in all of its departments, and also for tax reduction as far as can be effected consistently with the reasonable needs of the Government.

"And in this connection I wish to express my unqualified approval of what President Coolidge is reported to have said in an address yesterday at the sixth annual meeting of the Government business organization, held in Washington, this city, as follows:

"I take this occasion to state that I have given much thought to the question of Federal subsidies to State governments. The Federal appropriations for such subsidies cover a wide field. They afford ample precedent for unlimited expansion.

"I say to you, however, that the financial program of the Chief Executive does not contemplate expansion of these subsidies. My policy in this matter is not predicated alone on the drain which these subsidies make on the National Treasury. This of itself is sufficient cause for concern. But I am fearful that this broadening of the field of Government activities is detrimental both to the Federal Government and the State governments.

"Efficiency of Federal operations is impaired as their scope is unduly enlarged. Efficiency of the State Governments is impaired as they relinquish and turn over to the Federal Government responsibilities which are properly theirs."

"(Applause)."

Warning Sounded by Congressmen Against Possibility of Financing Private Propaganda at Public Expense in Private Institutions

In 1930 a number of Congressmen strongly protested against the inclusion in a bill for the "coordination of the public health activities of the Government" of a provision authorizing the Surgeon General to detail personnel of the Service to educational and research institutions for special studies of scientific problems relating to public health and for disseminating information relating to public health.

"If the Public Health Service can assign someone to this and that medical school and keep them there as long as they feel disposed to do so, it is easy to see that the Government might furnish the teaching staff for private institutions," said Congressman Crosser, as reported in *The Congressional Record*, March 26, 1930, and added:

"I have no hostility whatever to any particular school of medicine, but upon a subject about which there is so much sincere difference of opinion among intelligent people as exists in regard to the various schools of healing, I do not think we should directly or indirectly enforce by law the opinions of any school. Everyone who has investigated the subject knows that the notions of different schools of healing have been completely reversed from generation to generation."

Congressman Lea Referred to It as "A Bad Policy"

"I oppose this authority," said Congressman Lea, "not as any reflection on the purposes of the Public Health Service, but because it is a bad policy. We are developing something in which there is the possibility of financing private propaganda at public expense in private institutions. Where it is done as a public service in the Public Health Service I approve of it, but when we finance private institutions for that purpose I think we are going beyond the legitimate functions of the Public Health Service."

Congressman Huddleston stated that he was opposed to the entire bill. He said that he opposed it as best he could two years previously and that it was back there again.

Doctor Dick Referred to the Bills Authorizing Acceptance of Private Donations for the Health Service as Amounting to Turning That Service Over to Commercial Manufacturers and Private Foundations

"Passage of any of the proposed bills authorizing acceptance of private donations for the United States Public Health Service would amount to turning the United States Public Health Service over to the commercial manufacturers and private foundations. There is no more reason why the United States Public Health Service should receive private donations than there is for the Interstate Commerce Commission to receive gifts from the railroads and private organizations," said George F. Dick, M.D., in a communication published in *The Journal of the American Medical Association*, February 2, 1929. Following is a complete copy of the communication by Dr. Dick:

To the Editor:—May I call attention to Senate Bill 4518, enclosed, and House Bills 15212 and 15529, of similar nature, for the purpose of establishing a National Institute of Health under the administrative control of the Surgeon General of the United States Public Health Service and to authorize acceptance of private donations for the United States Public Health Service.

“Through the Hygienic Laboratory, the United States Public Health Service regulates the quality of biologic products, such as antitoxins, serums and vaccines, used in the treatment and prevention of disease. This regulation is accomplished by licensing all such materials sold in interstate commerce. Each manufacturer must have a separate license for every product distributed. The director of the Hygienic Laboratory, who is an officer of the United States Public Health Service, makes recommendations concerning licenses, standards and requirements to a board composed of the Surgeon General of the United States Public Health Service, the Surgeon General of the Army and the Surgeon General of the Navy. This board, in turn, makes recommendations to the Secretary of the Treasury, who signs the orders.

“If at any time a manufacturer violates a regulation or distributes material that does not meet all requirements, his license may be suspended or revoked, thus causing him financial loss for violation of the United States Public Health Service regulations.

“Since the Secretary of the Treasury is not an expert on biologic matters, he necessarily relies for technical information on the recommendations of the board. And since the task of supervising the processes of manufacture, quality, potency and sterility of the many biologic products now in use is both complicated and highly technical, the board that makes recommendations to the Secretary of the Treasury must look to the director of the Hygienic Laboratory for the detailed technical information on which its decisions are made. Thus, while the licenses and regulations for biologic products are issued by the Secretary of the Treasury, actual control rests with the United States Public Health Service, especially the Surgeon General of the United States Public Health Service and the director of the Hygienic Laboratory.

“The proposed bills would make it possible for the commercial manufacturers whose products are controlled in interstate commerce by the United States Public Health Service to make donations of money for the use of the United States Public Health Service.

“It is not necessary to suppose any lack of integrity on the part of the officers of the United States Public Health Service to see the error of this arrangement. For example: A given manufacturer might be contributing toward the support of research on an important problem when the director of the Hygienic Laboratory discovered that one or more products distributed by that manufacturer were below standard or even harmful. Might not a sincere doubt arise as to whether withdrawal of financial support from important research should be risked by prompt action to stop the sale of the products in question or whether continuation of the research should be insured by allowing sale of the poor material to continue, thus possibly paying for the research in lives of patients who received the impotent or harmful products?

“In addition to gifts from the commercial manufacturers, donations would be received from private foundations. Taking it for granted that these foun-

dations have the best intentions, that their officers are selected for their experience and wisdom and that their interest in medical research, medical education and the United States Public Health Service is based on a conviction that with their money and organization they could be of great service to humanity, it is still doubtful whether a government department should thus be placed in the hands of private organizations, since there is no guarantee that future officers of such foundations will be as gifted and as altruistic as the present officers. One or more organizations controlling large sums of money to be given away for medical research or education would be in a position to dictate the policies of the United States Public Health Service if officers of the United States Public Health Service should be desirous of obtaining donations.

"Passage of any of the proposed bills authorizing acceptance of private donations for the United States Public Health Service would amount to turning the United States Public Health Service over to the commercial manufacturers and private foundations.

"There is no more reason why the United States Public Health Service should receive private donations than there is for the Interstate Commerce Commission to receive gifts from the railroads and private organizations.

"If it is considered advisable to establish a federal health institute, this institute should be financed wholly by the government.

"GEORGE F. DICK, M.D., Chicago.

Doctor Sippy in Presidential Address Before American Public Health Association Emphasized Local Responsibilities

"Always mothers have had babies, always children have suffered from childhood infections, always large numbers of persons have been malnourished. Always, too, women have engaged in manual labor, and the fact that they have been transplanted from the drudgery of home and field to the mechanical processes of industry does not necessarily bespeak greater physical hazards or deterioration. What we do mean by new health problems is only a clearer recognition of old ones and a call for greater application of effort toward solution of them," said John J. Sippy, M.D., F.A.P.H.A., District Health Officer, San Joaquin Local Health District, Stockton, California, in his Presidential address before the American Public Health Association at its annual meeting in New York, October 3, 1944, as reported in the *American Journal of Public Health*, November, 1944.

". . . it has been said that public health is the sum total of the health of individuals," said Doctor Sippy, and added:

"The education which produces it is therefore something which cannot be supplied to the populace in carload or truckload lots from National or State

capitals. It must be dispensed to individuals in ounces, drams, and drops, and its dispensing to those who need it must be insured. This must be done by the local agency who can know how, when, and where individuals can be reached, and who can inspire the local community to want and to support facilities necessary to its general health preservation. It cannot be done in strict accord with any set pattern, for each community has its own characteristics and customs which no transcendentalism or government fiat may affect. It must come from local, voluntary reaction.

"Our States are made up of various units of local government. Our democratic form of government presumes that these shall be granted every privilege of local self control, and it is only when they fail to exercise it properly or when they infringe upon the rights of other units that the State is justified in intervening."

Dr. Sippy Warns Against Federal Subsidies

Dr. Sippy mentions a number of instances where Federal subsidies may serve a useful purpose in broadening the scope of activities of all public health departments until these activities become accepted as a local responsibility or until local means of support become available. He also warns that "Neither individuals nor communities can continue to accept unwarranted contributions without sacrifice of character." The following extracts are from the address by Dr. Sippy as reported in the *American Journal of Public Health*, November, 1944.

"It is very easy for those of us who have had to contend against the old-time penuriousness in public health expenditures to become overly enthusiastic about grants-in-aid. But already State health officers are rumoring that formerly self-reliant communities are substituting these grants for tax funds previously levied for support of many local health activities in order to divert such tax funds to other purposes; that other communities threaten to discontinue proven, needed activities if grants-in-aid are not forthcoming; that still others are demanding these grants, not as a need, but as a right.

"There is evidence that in some communities these grants are encouraging public health patterns much too large for the cloth and in excess of the community needs and resources. There is also the attendant danger that because of their source, local taxpayers feel no concern as to the manner in which they are expended, a fact which may lead to extravagances and waste, discrediting the wisdom of all public health expenditures and the business prudence of health officials. We, as friends of public health programs, must insure that a grant-in-aid shall be used only as a gentle stimulant and not as a narcotic which soothes its victim to complacency and contentment while its effects last, and sends him into collapse when it is withdrawn.

"That, thus far in the dispensing of these grants, there has been no grave evidence of usurpation or obnoxious autocratic direction of local health activities, has been due to the integrity and sincerity of Federal and State officials who administer them. It must be remembered however that present policies

may fluctuate and in this fluctuation there is inherent danger. The power to give implies the power to take away. If we in local communities permit ourselves to become so wholly reliant upon these grants that withdrawal of them means catastrophe to our cause, it means that we may yield to centralized bureaucratic control. While this may be for our betterment, it is repugnant to our democratic ideas and ideals.

"Much depends therefore on the degree to which we permit our communities to become dependent upon these grants. They do not depend upon them for support of their public schools or fire and police departments. Is protection of the public health a lesser responsibility? Our public health education can be regarded as failure if it cannot teach our people the value of community supported and controlled local health activities which meet their wishes and supply their needs. Neither individuals nor communities can continue to accept unwarranted contributions without sacrifice of character. We too must anticipate the possibilities of ultimate readjustment and reconversion."

Dr. Woodward Held That Local Health Work Was Most Effective at Hearing on Child Welfare Bill

A significant development at the hearing on a bill to provide a Child Welfare Extension Service in the Children's Bureau, in 1929, which was killed in committee, was the testimony of Dr. William C. Woodward, Legislative Counsel for the American Medical Association, in which he took the position that local public health work was more effective than centralized public health work. The following testimony was offered by Dr. Woodward:

"Doctor Woodward: We believe that the Constitution ought to be defended, but at the same time we believe that the most effective work is local work. The further you get from the scene of action, the more wasteful is your guidance and government. I was in public health work for some few years myself. I was for 24 years health officer of the District of Columbia, and four years health officer of Boston. I have been president of the Conference of State and Provincial Boards of Health; I have been president of the American Child Health Association, then known as the American Society for the Study and Prevention of Infant Mortality; I have been president of the American Public Health Association. So I speak not only from the background of a doctor—and I might add from the background of a lawyer—but also from the background of one who has seen action on the field.

"Mr. Nelson: Do you think the main reason, then, in the minds of the medical profession, is the idea that the local work is more effective than when they have Federal cooperation?

"Doctor Woodward: I think there is no question about the local work being more effective.

"Mr. Nelson: Are you in favor of that?

"Doctor Woodward: Undoubtedly.

"Mr. Nelson: But you are not in favor of having that increased by Federal funds and the work extended?

"Doctor Woodward: I do not think there has been anything accomplished by the Federal funds except vague benefit here and vague benefit there and the little arousing of sentiment that would have been aroused anyway."

Public Health A Local Responsibility

In his book "Public Health Law, A Manual for Sanitarians," James A. Tobey, M.S., LL.B., says:

p. 18. "As previously stated, the Constitution enumerates the powers which the Federal Government shall have, all powers not so granted being reserved to the States or to the people. Nowhere will be found anything in the Federal Constitution dealing directly with public health. As a matter of fact, control over the health of the people was a definite function of the States before the National Constitution was adopted. The States never gave up this duty and retain it today as part of what is known as the police power. The control of the public health is, therefore, primarily a State matter, but many of the clauses of the Federal Constitution affect the way in which this power may be exercised.

"The Federal Government itself does have certain public health functions, authority for which is derived from some of the general clauses of the Constitution. These may be taken up under four headings, including: (1) the power to legislate for the District of Columbia, the territories, and government reservations; (2) the power over interstate and foreign commerce; (3) the power of taxation; and (4) the treaty making power. . . .

p. 31. "Before the Constitution of the United States was adopted, the States possessed the power of health protection, and this was one matter which was not granted to the Federal Government. Furthermore, the Tenth Amendment to the Constitution specifically states that 'the powers not delegated to the United States, by the Constitution, nor prohibited by it to the States, are reserved to the States respectively, or to the people.' This clause includes all those matters which come under what is known as the 'police power.'

"Nature of the Police Power

"The police power is the power inherent in a government to enact laws, within constitutional limitations, to promote the health, safety, morals, order, comfort, and general welfare of society."

In an address at Chicago Dr. Victor C. Vaughan, formerly President of the American Medical Association, was reported in *The Journal of the American Medical Association*, April 3, 1920, as saying:

"The exercise of medical functions, whether the regulation of medical practice or preventive medicine, is under State control, and I think it is rather for-

fortunate that this is the case, because, divided as we are into forty-eight political groups, we do not have to make the same experiments at the same time."

Allan J. McLaughlin, Assistant Surgeon General, United States Public Health Service, in an article in "Public Health Reports", the official weekly bulletin of the United States Public Health Service, September 26, 1919, pp. 2144-2147, said:

"Police power has been given very sparingly to Federal health authorities and delegated by States in large measure to local authorities because the ultimate application of police power to the individual citizen logically belongs to the agency with which he is in direct contact, viz., the local board of health. . . .

"The service now possesses all the authority and function which can be given by Congress to a Federal Health agency within the limits of the Constitution."

Back to the Constitution

"Back to the Constitution" was the title of a very forceful address by Louis Ludlow, President of the National Press Club, before the Indianapolis Rotary Club, November 8, 1927, which was published in *The Congressional Record*, December 13, 1927, by request of Congressman Finis J. Garrett of Tennessee. The following paragraphs are from the address by Mr. Ludlow:

"Back to the Constitution!

"Not yet, perhaps, nor even soon, but some day the thinking people of this country will awaken to the demoralizing and devitalizing influence which paternalism is exerting in our national institutions, and when they do they will be not only ready, but eager, for this four-word, seven-syllabic platform. And while I am juggling with the horoscope let me add the prediction that when that time comes party lines will break and crackle like reeds before an avalanche of army tanks as a resolute electorate rushes the bureaucratic bulwarks and restores this Government to its constitutional moorings. If not, then God save the Republic!

"As an observer of more than a quarter of a century at the seat of Government, honestly seeking to get a true X-ray picture of what ails us as a Nation, I believe the most unwholesome, the most insidious, the most far-reaching, the most distressing tendency of government today is the drift toward paternalism. The founding fathers had the right idea of government. Their heads were as clear as a bell. All we need today is a recrudescence to the principles they laid down, but the ship of state has been so warped out of its course by paternalistic and bureaucratic evolution that thoughtful persons almost despair of the future.

"The fathers erected a government on the principle of dual sovereignty, it is true, but it was to be a government in which the people were to manage

their home affairs as local welfare might dictate—a society of self-governing States, in which the people were to be left to rule themselves to as great an extent as possible. Under this well-devised order of things the Federal Government would touch the citizens lightly and would hardly be felt except in situations and crises that require unified national action.

“The Idealistic Concept”

“From this idealistic concept which the wisdom of the ages has accepted as best adapted to promote the happiness and contentment of a free people we have departed as far as one pole is from the other. The once-treasured doctrine, ‘The least governed the best governed,’ has given way to its antithesis, ‘The most governed the best governed.’ We no longer have a Government with local autonomy as the major factor, but a Government by an overshadowing and compelling Federal bureaucracy. I think it is literally true that all variations—and they have been many—from the simple constitutional scheme of Government provided by the founding fathers have been mischievous and dangerous experiments, baneful in their effect upon this country and upon the world, and that most of the evils from which we suffer governmentally may be traced to departures from either the letter or the spirit of the Constitution.”

Says Appeal for Federal Handouts Should Cease

Copy of Editorial in *The Ohio State Medical Journal*, August, 1944, p. 780.

“APPEAL FOR FEDERAL HANDOUTS SHOULD CEASE

“Year in and year out the medical profession has consistently protested encroachment on the part of the Federal Government in health and medical activities which are the functions of State and local governments and which should be administered and financed by them.

“Many instances could be cited where Federal handouts for medical and health programs have resulted in greater control and regimentation of these activities by Washington agencies, meaning more paternalism and bureaucracy, waste, inefficiency, and abuse.

“Therefore, it is refreshing to learn that other groups are beginning to see the light and have become convinced that it is high time that a halt be called to the procedure, so popular during the depression years, of rushing to Washington on every occasion to get Uncle Sam to supply the wherewithal for things which are the responsibilities of local communities or the State.

“We refer to the recent action of the Columbus Chamber of Commerce in urging business, individually and by groups, to ‘refrain, and use their influence to persuade others, including the State and local authorities, to refrain from

exerting pressure upon members of Congress for the appropriation of funds for the benefit of individual States and local communities.'

"Commenting on this action, the *Columbus Dispatch* said in part:

"Any proposal of Federal aid to be acceptable, must rest on the very unsatisfactory and very shaky foundation of general weakness throughout the country. It is only when the Nation is weak, frightened or uncertain that it will even consider the feasibility of substituting Federal help for self help. That in the past few weeks the possibility of larger and larger grants of Federal aid to communities for purposes of recreation, education, street building and repair, airport construction and the like have been suggested not only by theorists and reformers who would alter American life, but by many conservative business men comes as a distinct shock to even the most casual reader of American history.

"Federal grants of money pave the way for Federal regulations and control. The very restrictions which business is determined to get rid of after the war are those placed upon business because of the extension of Federal money grants in the past. Certainly, the small business man, nor indeed, the large business man, can [not] continue his production or his services if Federal controls become any more numerous than they are.

"Ohio, for instance, with her prosperous cities and villages, counties and townships, needs no program of Federal aid after the war.

"The Columbus Chamber of Commerce has taken a courageous and progressive stand on this matter.

"This should give our city councils, our township trustees, our county commissioners, our boards of education and our legislature solid backing in resisting what no doubt will some day be renewed pressure to ask for Congressional appropriations for purely local use. It should help to maintain in this community at least, the spirit of local independence and self-government, a spirit that is fundamental if America is to remain a sovereign union of sovereign States, and if the principle of home rule, under which the Nation has become great, is to be kept vigorous and alive.'

"Physicians have witnessed what can happen in their field of endeavor when the Federal Government takes over—in some instances, we must admit, because local communities and the State have not been foresighted enough to meet their own responsibilities. As citizens of their community, physicians should use their influence against the issuance of appeals to Washington for hand-outs. If the snowball starts rolling again, there will be no escape for health and medical activities. Likewise, they should use their influence toward stimulating local enthusiasm for doing the jobs which should be done in all fields through the use of local funds, for in that way freedom of action and control of administration can be retained within the community."

Federal Aid to the States Means Federal Control

That Federal aid to the States is tantamount to Federal control of the States is clearly brought out in the following testimony by Dr. J.

W. Mountin, Director, States Relations Division, United States Public Health Service, at a hearing before a Subcommittee of the Committee on Commerce, United States Senate, January 13, 1944, on a bill to establish a bureau of vital records in the United States Public Health Service:

"Doctor Mountin . . . There is unanimous agreement that a start should be made now toward a permanent solution of the problem which will bring about a strong cooperative, vital-records, and vital-statistics system.

"Senator Overton. You say the purpose of the bill is to bring about cooperation between the Federal Government and the various States in providing for an adequate system for providing statistics and records but this bill, in section 7, contains this provision:

"'Nothing contained in this Act shall be construed to modify or supersede in any way the powers, duties, and responsibilities of the various States for the registration of vital statistics.'

"In other words, as I construe the provisions of section 7, the Federal Government is not in any way to interfere with the powers or duties of the various States and their officials as to their method of providing for vital statistics.

"Now, how are you going to effect that coordination?

"Doctor Mountin. Through a cooperative arrangement which we have developed in other fields with the States. First of all, through the grants of financial aid we are able to help them build up those added services, which they might not otherwise have.

"Senator Overton. But that financial aid is not to be granted as an inducement to them to adopt a better system. Under the provisions of the bill the financial aid is to be granted upon the three considerations set forth in the bill, population, need, financial need of the States, and the special vital records problems existing in the States. Now, that is the yardstick by which this \$2,000,000 or less is to be given to the States. It is to be apportioned on that basis.

"Doctor Mountin. That is right.

"Senator Overton. So whether a State undertakes to perfect its system or to coordinate its system or to do whatever the Assistant Surgeon General may suggest—the State is to receive that money under the bill. So why is it a financial inducement to the State?

"Doctor Mountin. That is not the way it would actually operate. This bill would set up a fund that would be made available to the States on the condition that they meet certain requirements that would be developed as rules and regulations which would be formulated by the Surgeon General after consultation with the State, and subject to the approval of the Administrator of the Federal Security Agency.

"Senator Overton. Is that provision in this bill? If so, will you point it out, because I think it is quite important.

"Senator Maloney. Look on page 4, section (d), Senator.

"Senator Overton. Yes: I read that, but that still does not modify the basis of allotment of funds to States as provided in section 6.

"Mr. Blackberry. I think you will find that on page 4 of the bill.

"Doctor Mountin. It has already been pointed out.

"But the allotment and the payment are two different procedures, Senator. The allotment is set up in accordance with this formula. That amount of money is set up to the credit of the State.

"Senator Overton. Yes.

"Doctor Mountin. Then it is paid to the State on condition of the State meeting certain requirements that would be set up in regulations.

"Senator Overton. I see."

(Note:—Section (d) of the bill above referred to provides as follows: "The moneys so paid to any State shall be expended solely in carrying out the purposes specified in section 5, and in accordance with plans presented by the health authority, or other custodian of the basic vital records of such State, and approved by the Surgeon General of the Public Health Service."—H.B.A.)

CHAPTER III.

FADS IN HEALTH LEGISLATION

The passage of so-called public health legislation has been characterized as keeping up with the styles. Legislative efforts in the field of public health are prone to run in certain grooves at certain times.

Thirty-four years ago almost every legislature was considering bills for the abolition of common drinking cups and roller towels. A few years later the styles changed. At that time bills for the sterilization of criminals; the medical examination of applicants for a marriage license, and the medical inspection of children in the public schools were more generally considered.

In November, 1918, the State of Washington issued a regulation requiring every person to wear a gauze mask of a specified character when in public during the duration of an epidemic of influenza, and other States passed laws requiring the use of gauze masks by those in contact with a patient. Such laws are subject to criticism on the ground that it is not definitely known how the disease is spread. There is no evidence that such laws have been effective in wiping out the disease, and there is no dividing line between what is commonly called a severe cold during non-epidemic periods and what is called a light attack of influenza during epidemic periods.

The statute books of all the States bulge with measures that are hopelessly inefficient to accomplish what they purport to do. Spectacular results in the wiping out or control of many so-called "contagious" diseases have been accomplished through sanitary regulations and improved standards of living. Also this field presents endless opportunities for even greater advances in the future.

It is therefore highly distressing to large numbers of public-spirited citizens to note the increasing efforts being centered by legislative bodies throughout the country upon whatever happens to constitute the prevailing medical fad for the alleged control of some particular so-called contagious disease instead of centering their attention upon tried and proven methods of prevention.

The following significant declaration by Justice Oliver Wendell Holmes in *The Common Law* was quoted by Morris Fishbein, M.D., Editor, *The Journal of the American Medical Association*, in the September, 1924 number of *American Mercury*:

"The life of the law has not been logic; it has been experience. The felt necessities of the time, the prevalent moral and political theories; institutions of public policy, even the prejudices which judges share with their fellow men, have had a great deal more to do than the syllogism in determining the rule by which men should be governed."

The distressing feature about attempting to keep pace with prevailing medical opinion by legislative enactment is that the regulations have an accumulative effect and thereby more and more deprive the individual of his Constitutional right to "life, liberty, and the pursuit of happiness." They jeopardize such fundamental American institutions as marriage, the home, religion and the public school. They attempt to do our thinking for us on matters having to do with the healing art and might even go so far as to attempt to do our thinking for us on matters relating to economics and our standards of morals.

Says 1918-1920 Venereal Disease Campaign Met With "Dismal Failure"

"It is possible, and at the present rate likely, that the syphilis control program will be talked to death," said *The Journal of the American Medical Association*, in an editorial February 6, 1937. It apparently wished to avoid the mistakes made in the campaign in 1918-1920, and offered the following significant comment regarding that campaign:

"This is not the first American campaign to control syphilis or the first time that publicity in the press has been given to it. From 1918 to 1920 a similar effort began under almost equally favorable auspices and met with dismal failure. The immediate impetus was the protection from venereal diseases of American soldiers. Large sums of money were appropriated by Congress and the States, and a brave start was made; it collapsed completely within three years. In retrospect, the causes of the failure of this earlier effort seem clear. The first and most usually assigned cause was the withdrawal of Federal and State financial support that accompanied the subsidence of war hysteria and the postwar period of retrenchment. This withdrawal of funds, however, was not due to these two factors alone but to lack of public interest and public support. Public interest and support apparently failed for more fundamental reasons; the syphilis control campaign at that time was based largely on 'social hygiene' and moral reform, the American people were reacting against the prohibition experiment, and the publicity was both misdirected and too concentrated. These mistakes must not be made again."

High Medical Authority Says "Continence Itself Will Do More to Wipe Out Syphilis Than All the One-Day Medical Cures We Can Invent"

John H. Stokes, M.D.—one of the country's foremost syphilologists, and director of the Institute for Syphilis Control—is quoted by

Mona Gardner in an article entitled, "Chastity and Syphilis," published in the *Ladies' Home Journal*, January, 1945, as saying in an opening address at the Health and Human Relations Conference held this past summer at the University of Pennsylvania:

"A powerful group of circumstances and influences are at work today, pushing the human problem of sex to a critical peak. To combat these forces and to evolve a feasible formula for intelligent sex life, our most effective course is to revive first principles—that is, a positive moral force, sound character and an ideal of destiny. Continence itself will do more to wipe out syphilis than all the one-day medical cures we can invent."

"Up until now we, as a nation, have put hope in sex education and in medical cures," said Mona Gardner, who further stated that "Syphilis is not on the wane." The fallacy of attempts to eradicate the disease by making the public venereal disease conscious is brought out by Mona Gardner in the following paragraph:

"Public education on a massive scale is saturating millions with the knowledge of venereal diseases. High-school lectures, college courses, newspaper and magazine articles, street car posters, doctors, nurses, clinics are all hammering at basic precautions of how to avoid and how to meet the situation if it is not avoided. The report from one large Eastern city can be taken as an index for other communities across the country. Over a period of fifteen years of sex education, it was found, the number of patients reporting to a clinic for treatment within fifteen days after infection rose 11 per cent. Yet in that same length of time, incidence of the reported disease among the civil population rose some 120 per cent. Also, a recent survey shows, about 60 per cent of the persons who acquire venereal disease go to a druggist for self-medication, instead of to a competent doctor or to a reliable clinic for treatment."

Venereal Disease Campaign Used as Club to Force Passage of Premarital and Prenatal Examination Laws

In 1938 the United States Public Health Service, after obtaining millions of dollars in appropriations from Congress for the alleged prevention of venereal diseases, inaugurated a nationwide campaign, which was centered chiefly around the idea of inducing or compelling as many persons as possible to submit to laboratory tests to determine whether or not they were free from syphilis.

As a result of this campaign thirty States passed laws providing for premarital examinations and a like number of States passed laws requiring prenatal examinations.

In Alabama a law was adopted in 1943 which requires all inhabitants of the State between the ages of 14 and 50 to have an approved blood test for syphilis. An appropriation of \$75,000 was provided to carry out provisions of the law.

Sweeping Character of Bill Introduced in Oklahoma Legislature

A bill introduced in the Oklahoma Legislature in 1943, which failed of passage, provided that "Once each three years, beginning with the year 1943, each and every resident of this State, whether male or female, over the age of twelve (12) years, is hereby required to have himself examined by a regularly licensed physician in order that such physician may determine, by recognized medical tests, whether or not such resident has syphilis; and the County Superintendent of Health shall, upon application by a resident of his county, make such examination for such resident, or cause such examination to be made, without charge to such resident."

Section 2 of the bill required every resident coming within the terms of the Act to carry on his person at all times a certificate showing examination for syphilis to have been made not more than twelve (12) months previously. It provided that "Any person over the age of 18 years who is not possessed of such a certificate shall be guilty of a misdemeanor; and any parent or guardian of one or more children under the age of eighteen (18) years who is not possessed of certificate showing that such children have been examined as herein provided shall be guilty of a misdemeanor."

Section 4 provided that "Any person afflicted with syphilis, who wilfully and knowingly fails to enter upon a course of treatment for syphilis from a regularly licensed physician, or who fails to continue such course of treatment until a certificate of cure has been issued to him by a regularly licensed physician, shall be guilty of a felony."

"The ideal serologic test for syphilis is one that is completely specific (which gives no false positive or false doubtful results in known nonsyphilitic persons). There is no such test," says *The Journal of the American Medical Association*, July 10, 1937. The advocates of compulsion continue to carry on their propaganda for more and more of these compulsory serologic tests upon the assumption that a reliable test has been found, which is not the case.

Serologic Authority Cites Danger of Branding 1,300,000 Persons Who Do Not Have the Disease as Being Infected

"When, therefore, we read in an evaluation report of a test that is 99 per cent specific, we must force ourselves to set aside our habit of assuming that 99 per cent, being so close to 100 per cent, represent

a negligible number of false positives. This small percentage of false positives may mean thousands of false positives in practice. It may mean 1,300,000 false positives if the test were applied to the American population," said Reuben L. Kahn, M.S., D.Sc., Director of Clinical Laboratories and of Serologic Consultation Service, University of Michigan Hospital; Assistant Professor of Bacteriology and Serology, University of Michigan Medical School; Major Sanitary Corps Reserve; U. S. Army; Special Consultant, U. S. Public Health Service, in a book entitled *Serology in Syphilis Control*, dated April, 1942.

"False positives have been the annoying symptom of the serology of syphilis," said Dr. Kahn, and added:

p. 127. "For years we hardly recognized the existence of the symptom. Then came the American Evaluation Committee on Serodiagnostic Tests. Within a few years, technical false positives have been practically eliminated and biologic false positives greatly reduced. But evaluation committees must necessarily accept some tests as 'reliable' and must give these tests a false positive limit. Suppose we arbitrarily place the limit of false positives at 1 per cent. Then, we would have to admit approximately 160,000 false positive reactions last year as part of the 16,000,000 serologic tests performed. If we place the limit of biologic false positives at 0.1 per cent, then we would have 16,000 false positives. But if a single false positive may mean a tragedy, we obviously must correct the situation, if at all possible.

p. 146. "Many health officers now have the authority to inform apparently healthy persons that they can not marry on account of a positive serologic reaction. Evidently, this is a departure from the basic traditions and principles of American democracy. Some syphilologists are indeed outspoken against such authority in the hands of health officers. According to Stokes and Ingraham, any law and regulatory practice in the control of syphilis, 'which makes the result of the blood test, checked or unchecked, false or true, the arbiter of decisions involving the civil rights and individual freedom of persons cannot stand critical review in the courts of a liberty loving and intelligently guided people.' Nelson takes a similar attitude and Moore, in the recent edition of his textbook on the treatment of syphilis, analyzes the arguments in favor and against laws regulating premarital blood testing.

p. 153. "The public health laboratory is handicapped by the fact that it has relatively little personal contact with the physicians whom it serves. To send laboratory reports by mail in connection with the serology of syphilis is in many instances equivalent to sending a diagnosis by mail. This is especially true in the case of positive reactions, for there is a strong tradition among physicians that such reactions mean syphilis. The health officer and laboratory director thus carry a heavy responsibility in assuring accuracy of the serologic reports. But serologic tests, even when accurately performed may give negative reactions in certain situations in syphilis and positive reactions in the absence of this disease."

England Found by Experience That Any Compulsion in the Treatment of Venereal Disease Was Likely to Defeat Its Own End

Over a period of 19 years from 1864 to 1883 England experimented with what were known as the Contagious Disease Acts. The results were so discouraging that in 1883 the Acts were abolished. The Contagious Disease Acts sought to prevent the spread of venereal diseases by requiring medical examinations of persons known to be promiscuous, but it was found that instead of preventing the spread of the diseases, these examinations had the effect of creating a false sense of security and thereby aided in the further spread of the diseases.

The attitude of English authorities generally is that compulsion in the treatment of venereal disease is likely to defeat its own end. This attitude is expressed in the following statement contained in the London letter to *The Journal of the American Medical Association*, published in *The Journal*, August 22, 1936:

“Speaking at a meeting of the British Social Hygiene Council, Sir Kingsley Wood, Minister of Health, said that any compulsion in the treatment of venereal disease was likely to defeat its own end . . .”

Finds Public Health and Medicine Play Minor Roles in the Actual Prevention of Venereal Diseases

“It is apparent that public health and medicine play minor roles in the actual prevention of the venereal diseases,” said Walter N. Dickie, M.D. in the *Weekly Bulletin* of the California State Department of Public Health for October 30, 1937. Doctor Dickie also pointed out that if the disease is to be brought under control and kept under control it will require nothing less than the elevation of citizenship to a higher standard.

The attitude of the Netherlands toward the venereal disease problem is directly the reverse of that expressed in the venereal disease campaign carried on in the United States in recent years. An item in *Venereal Disease Information*, issued by the United States Public Health Service, July, 1937, discusses the attitude of the Netherlands toward this problem and says: “The people do not like too public a discussion of sexual problems.” It states that “It seems better to develop the people morally and physically, bringing youth up to have self-control and a strongly developed feeling of responsibility.” It further brings out that “in the Netherlands there is a very highly developed feeling of individualism and independence so that coercive

measures are very little used." And the item closes with this paragraph:

"The results of this method have proved good as there is much less venereal disease in the Netherlands than in many other countries. For this reason the author thinks the best methods of preventing venereal disease are mental and moral prophylaxis and general education."

Numerous other warnings against the use of compulsion for the control of venereal diseases have appeared in medical and public health literature.

When a bill to require laboratory tests of all applicants for a marriage license was pending in Ohio in 1937 the Council of the Ohio State Medical Association, as reported in *The Ohio State Medical Journal*, March, 1937, stated that "Developments of recent years have proved that compulsion does not in many instances accomplish desired results and, in fact, creates additional evils."

"Not by force cometh the kingdom of health and certainly not by prenuptial examinations of the sort sometimes proposed," said the *Medical Journal and Record*, New York City, March 7, 1928, and added:

"Possibly, if examiners above reproach for wisdom and honesty could be set apart for this purpose by the State, such examinations would produce fair results, but even such examiners would be hampered in many ways and might do much harm.

"For present purposes such suggested examinations are chiefly for purposes of determining whether the prenuptialite has a venereal disease. As for gonorrhea, the chances are that chronic disease would frequently be overlooked, while all our tests for syphilis are apt to lead astray. Especially, through some dietary condition or laboratory slip, there is the danger of 'giving' the disease to a wholly innocent person which certainly would hardly compensate for the prevention of the transmission of the real disease to some other person. Besides the absence of disease at the time of marriage does not at all signify that the person may not contract the disease extra-maritally in a comparatively short time and transmit it to his partner in due course.

"A bootleg business in examinations would be the result of such legislation and overnight cures would be in order."

Early Attempts to Require a Medical Certificate Before Marriage Proved Unpopular With Legislators

In 1913 bills were introduced in the legislatures of a large number of states to require a medical certificate of one or both applicants for a marriage license. Laws were passed in only three states, Oregon, Wisconsin and North Dakota.

These bills kept reappearing in many of the legislatures and two

more states, Alabama and Louisiana, were later added to the list. From 1919 to the recent nation-wide venereal disease campaign the legislatures generally turned a cold shoulder to proposed legislation of this kind.

Thinks It Impossible to Bring About Such Legislation in England

The following extract from a London Letter, July 25, 1919, published in *The Journal of the American Medical Association*, August 23, 1919 refers to Dr. Neal as of the opinion that it would be utterly impossible to bring about legislation of this kind in England. It says:

p. 624. "At a conference on public health, Sir Malcolm Morris recently expressed the view that no marriage ought to take place without a medical certificate on both sides. But it is doubtful whether prevailing sentiment would allow this to be carried out. Interviewed on the subject by a representative of the *Daily Sketch*, Sir Malcolm stated that to a certain extent it was adopted in America, and that there were few instances of the kind in this country. But if public opinion set up such a custom in this country, then the medical profession would require legislative protection. If a physician, after examining a patient, had to advise the parents of a girl that it was not advisable for her to marry him, then protection by law would be necessary.

"Although Sir Malcolm Morris does not suggest that there should be legal enactment, making the issue of such certificates imperative, Dr. Neal, the secretary of the Medical Defense Union, thinks it would be utterly impossible to bring about legislation of this kind. 'While from a medical point of view such a step might be desirable, on sentimental and other grounds, there is something very repugnant about the idea,' he remarked. 'Just imagine the feelings of a decent young man at the very suggestion, on the part of his parents, that he must obtain a certificate that his prospective bride is free from disease! It would not be merely a gross reflection on her purity, but would imply that she was a woman of very abandoned type.'"

Many Sterilization Laws Declared Unconstitutional

The legislatures of the various states, beginning with Indiana March 9, 1907, have been besieged with proposed laws for the sterilization of feeble-minded persons or criminals, and a total of twenty-six states are said to have enacted legislation of this kind. However, these laws have been declared unconstitutional in so many of the states and they have fallen into disuse in so many others that today only a few states make any attempt to carry out the law and in those states it is only done in a feeble manner.

An Olympia, Wash. dispatch, March 5, 1942, published in the *New York Herald Tribune*, stated that the Supreme Court declared unconstitutional today the state's 1921 sterilization law.

Sterilization laws in New Jersey, Nevada, Michigan and Indiana are reported as having been declared unconstitutional.

Also the sterilization law in Oklahoma has been declared unconstitutional as indicated by the following dispatch in the *New York Herald Tribune*:

Copy of News Item in the *New York Herald Tribune*, June 2, 1942

'35 Sterilization Law Is Voided by High Court

Oklahoma's Act Is Ruled Discriminatory and an Invasion of Basic Rights

By John Elliott

Washington, June 1.—The United States Supreme Court handed down today one of the most important sociological decisions it has ever delivered when it unanimously ruled unconstitutional Oklahoma's criminal sterilization Act, providing for the sterilization of any person thrice convicted in the state of certain "crimes amounting to felonies involving moral turpitude."

The case involved a former prisoner of stealing chickens and twice of armed robbery. The court held that the Oklahoma statute not only invaded basic human rights but also was discriminatory in that it singled out certain types of criminals and exempted others such as embezzlers, and provided no determination of the inheritability of any criminal tendencies involved.

The Supreme Court, however, has previously upheld a Virginia law providing sterilization for feeble-minded persons in state institutions. Some twenty-six States have statutes for sterilization of persons defined as defective, the laws in Oklahoma, Delaware, Iowa, Nebraska, Idaho, North Dakota, California, Washington and Oregon including various habitual criminals.

Reading in the majority opinion of the highest tribunal in the Oklahoma case, Associate Justice William O. Douglas declared: "We are dealing here with legislation which involves one of the basic civil rights of man. Marriage and procreation are fundamental to the very existence and survival of the race. The power to sterilize, if exercised, may have subtle, far-reaching and devastating effects. In evil or reckless hands, it can cause races or types which are inimical to the dominant group to wither and disappear. There is no redemption for the individual whom the law touches."

The opinion delivered by Associate Justice Douglas held specifically that the Oklahoma law violated that part of the Fourteenth Amendment which prohibits any State from making a law denying "to any person within its jurisdiction the equal protection of the law."

Chief Justice Harlan F. Stone in a separate concurring opinion, argued that the law was unconstitutional because it infringed upon the celebrated "due process of law" clause of the same amendment.

Associate Justice Robert H. Jackson, in a third opinion declared the statute void on both those counts and also on others.

The decision was in favor of Jack T. Skinner, a former prisoner in the Oklahoma state penitentiary at McAlester. He was convicted in 1926 of

chicken stealing and in 1929 and 1934 of robbery with firearms. He was in prison when the sterilization law was passed in 1935. When the State, through the prescribed court proceeding to determine his habitual criminality, moved to apply the law to him, Skinner challenged the Act, aided by fellow convicts with contributions from their funds. No such sterilizations have been carried out while the test case was being fought through the State and National courts.

Medical Journal Brands Regulations as Applied to Food Handlers, etc., as "Misguided Public Health Hysteria"

In the Queries and Minor Notes column of the *Journal of the American Medical Association*, October 8, 1938, p. 1398 an Illinois physician declares that "Many cities now require that food handlers, beauty parlor operators, barbers and others have a certificate from a physician stating that they are free from any contagious or infectious disease, including syphilis" to which the editor of the Journal replies: "Such regulations as those cited, singling out food handlers, beauty parlor operators, and barbers, with the requirement that they be free from syphilis, is an excellent example of misguided public health hysteria."

The value of compulsory medical examination of food handlers is also questioned in the following item published in *The Journal of the American Medical Association*, October 15, 1938, p. 1478:

"Examination of Food Handlers Believed Ineffective.—The New York State Association of Public Health Laboratories recently adopted a resolution declaring that routine laboratory examinations of food handlers, milk handlers and domestic servants are ineffective as a protection of the public health and approving repeal of any existent legislation or mandatory regulation requiring such tests as routine. The resolution pointed out that many public health authorities have seriously questioned the value of such examinations and that when results are negative a false sense of security may be engendered. It also suggested that the performance of the tests requires financial outlay with no commensurate return to public health."

Examination of Food Handlers in New York City Discontinued

"Through an amendment to the sanitary code adopted September 18, the New York City Department of Health has abolished the yearly examination of food handlers except for those engaged in the milk industry," according to an item in *The Journal of the American Medical Association*, September 29, 1934, p. 1,000.

"Dr. John L. Rice, city health commissioner, emphasized in a statement that hereafter greater attention would be given to the personal hygiene of food handlers and to the entire matter of food sanitation. The action, reversing

a policy adopted eighteen years ago, was based on two objections. First, it was said that a clean bill of health given to a food handler may have no significance a week later. A second objection arises from the fact that the presence of certain infectious conditions can be determined only by repeated painstaking examinations, which are practically impossible; the cost would be very great and the benefits to the public small, Dr. Rice declared, in that hundreds of thousands of dollars would be spent to discover at most only a few potential spreaders of disease. It is also pointed out that the health department has more effective measures available for dealing with the possible spread of infection by food handlers. Over-reliance on the physical examination of food handlers has brought with it a diminishing emphasis on personal hygiene and matters of general sanitation, Dr. Rice continued. It is proposed now to lay more emphasis on the simple matter of frequent hand washing and on sterilization of eating and drinking utensils. The commissioner stated that during 1933 the department had issued 361,289 cards to food handlers, the activity taking up the full time of a considerable number of clerks as well as the time of a physician supervisor. To keep the cards on which the results of the examinations are recorded, filing cabinets and valuable space are required. Altogether the commissioner feels that this is an unprofitable procedure, for the records, he says have little value. Judged by the criterion of reducing disease and death, the cost of the health examination of food handlers is enormously out of proportion to the returns yielded to the people of the city."

Health Journal Raises Question If the School Health Examination Is Turning Out the Results We Have a Right to Demand

"What Price, the School Health Examination?" is the title of an editorial in the *American Journal of Public Health*, October, 1944. The *Journal* answers this question by saying, "It is one of the largest, and one of the most costly, enterprises in the field of community health. We may properly ask ourselves whether the machine in our home communities is geared to a reasonable maximum of efficiency, whether it is turning out the results which we have a right to demand. Justly or unjustly, the high incidence of various physical defects revealed by Selective Service examinations, will inevitably raise questions as to the success of past performances. Particularly at the present moment, the shortage of physicians for civilian service makes it imperative to use the time of precious professional personnel in the most efficient manner."

While the *American Journal of Public Health* takes the position that the underlying philosophy of the school health examination is sound and that in some cities and even in some small rural communities the ideal is attained to a reasonable degree, it brings out that in other communities it is the "weakest link in the entire field of public health." It says:

"In other communities, the picture is a very different one. In a New York town the task of a school inspection was, a few years ago, allotted in rotation

to three local doctors; one examined at a rate of 15 pupils per hour, another at the rate of 60 per hour. In another town the rate was 80 or 90 per hour. Perhaps a world's record was recorded in a recent survey of a Connecticut city—300 examinations made on each morning visit to a school. Where such a system prevails there can obviously be no real detection of defects, no education of the pupil, no hope of constructive service. As to the correction of defects discovered, it may be doubted whether more than a very few school systems have systems of medical bookkeeping of meaning and validity. Some have no records at all; some show 100 per cent correction year after year, with no reduction whatever in the number of defects found in the same children in successive years. The cost of school medical service in 18 New York communities varied from \$.17 to \$5.17 per child, and the most efficient services were by no means always in the highest cost ranges."

"One important factor in promoting hasty and futile procedures," says the *American Journal of Public Health*, "is the existence of well-meaning but misguided State laws which require a routine physical examination to be made each year. No community is rich enough to provide a real examination on an annual basis; and if it were, such a procedure would be a needless waste of medical time."

Survey Reveals Unsanitary Conditions in Boston Schools

In an editorial December 23, 1944, referring to the Strayer School Survey by Louis M. Lyons, *Boston Daily Globe*, November 13, 1944, *The Journal of the American Medical Association* reveals the disturbing news that health education in the Boston schools is at a low ebb and that health practices in these same schools leave much to be desired. It states that "Health examinations are made in about one minute's time per pupil." The editorial directs attention to poor ventilation in many of the school assembly halls; inadequate lighting facilities in some of the old buildings and unsanitary conditions in some schools. It says:

"Not only is health instruction and health examination practice unsatisfactory, but first aid and health rooms in some schools are found inadequate. The school plant and its operation also are criticised.

"The school plant should be the place that exemplifies all the best that we know in the field of health. This is not the case in Boston. Children in the Boston schools may study the value of fresh air and the importance of good ventilation. But in one school there were double windows still on in May. In another the windows cannot be opened because of broken window cords or chains.

"In still another there are so many plants on the window sills that the windows are not opened for fear of chilling the plants or injuring them. Many of the school assembly halls are poorly ventilated. One of them is grossly overheated regularly. The children have their eyes tested for vision

and are sent to the oculist, but in some of the old buildings the light is very faulty and artificial lighting is very inadequate.'

"In certain schools children are not allowed to go to the toilet or even get a drink without the teacher's permission. In some bubble fountains the water is so hot and bad tasting that children go without it. Washing of hands is discouraged because of lack of facilities. Not one container for soiled paper towels was found. In some schools toilet rooms were dirty and uncared for. Children study nutrition, but the lunchrooms offer menus that are largely carbohydrates.

"Recalling that Boston was a pioneer in health education, physical education and recreation, the Survey reports 'these three areas, once so bravely pioneered, have not been maintained at the high level that might be expected.'"

Says on a Nationwide Basis School Health Service Is Probably the Spottiest and Least Effective Branch of Standard Recognized Public Health Procedure

"The story about Boston and its schools is significant because in place of Boston one might put the names of a large number of American cities," says the editorial in *The Journal of the American Medical Association*, December 23, 1944, above referred to, and adds:

This condition, which in Boston is at least being studied as a first step toward providing remedies, exists in too many cities, large and small, where it is not even recognized. There are, of course, American communities, both large and small, in which school health work is done on a high level, where school health authorities are constantly on the alert and where health departments and the schools cooperate effectively for the health of school children. School health conditions in the three principal fields, namely health instruction, health examination and guidance and healthful living practice, range from the very best to the very worst according to locality. However, on a nationwide basis school health service is probably the spottiest and least effective branch of standard recognized public health procedure . . ."

Federal Agitation for Correction of "Defects" Would, If Carried Out, Result in More IV-Fs Due to Unnecessary Operations and Serum Sickness

The Report to the Senate Committee on Education and Labor from the Subcommittee on Wartime Health and Education, *Senate Subcommittee Report No. 3, 78th Congress, 2d Session*, states that "Most of the witnesses who testified before the subcommittee emphasized the necessity of correcting physical defects early in the life of the child." It states that "In many children the same defects are noted year after year, and nothing is done about them," and adds:

"Obviously, more effective methods of following up the doctors' recommendations are needed. The opportunities for supervision and promotion of children's health in the school are so great that no effort should be spared to develop methods by which present neglect can be overcome. The Nation's and the Government's rightful concern in this matter is demonstrated by the unfitness of millions of young men in a time of national crisis, and the subcommittee plans to investigate the subject further."

The statement that "In many children the same defects are noted year after year, and nothing is done about them" is nothing new. Ever since medical examination of children in the public schools was first being proposed the opinion has been expressed repeatedly that these examinations constitute a waste of public funds unless some means can be devised for having the recommendations of the medical inspectors carried out.

The favorite methods for securing correction of these so-called "defects" are of two kinds. In many cases cards notifying parents of these "defects" are worded in such a manner as to give the impression that treatment is compulsory. If treatment is not carried out at once, a follow-up system is carried out. And if this does not do the trick, a nurse is sent to the parents' home.

On October 5, 1922 a hearing was granted by the Board of Superintendents of the New York City public education system to the Citizens Medical Reference Bureau at which time representatives of the Bureau protested against over-zealousness on the part of school nurses in demanding that parents have their children's tonsils removed.

A news item in *The New York Evening Post*, August 4, 1922 quoted Samuel Z. Orgel, M.D., Assistant Pediatrist at the Mount Lebanon Hospital, and also of the Mount Sinai Hospital, as saying that "In some cases the mother comes back time after time and keeps telling us that the nurse has threatened to have the child put out of school unless she saw that his tonsils were taken out."

The following news item is from *The New York Evening Post*, August 4, 1922:

Charge Threats on Tonsil Removals

**Medical Men Say Parents Are Forced to Have Children Operated On
School Nurses Accused by Citizens Bureau—Health Department Asked to
Stop Practice**

The Citizens Medical Reference Bureau . . . in a letter to the Health Department to-day charges that threats are being made by nurses of the Health Department in the public schools of New York that pupils will be

excluded from school if their parents do not heed their recommendations to have their tonsils and adenoids removed. The letter demands that the department take measures to prevent nurses in the schools from making such threats to the parents of pupils, who cannot legally be kept away from the schools for any such reason.

"I do not believe that orders have been issued by the Department of Health that their inspectors and nurses should threaten parents with expulsion of the children from the schools if these operations were not performed, but such threats are constantly being made and it constitutes an abuse which the department ought to guard against in some way," said H. B. Anderson, secretary of the bureau to-day. "I have had several cases called to my attention by parents of pupils who called me up to ask whether or not the threats were valid, and whether their children could be excluded if they refused to consent to the operations. Something ought to be done to make it clear to the parents that there is no law by which medical inspectors in the schools can compel them to have their children operated on."

"I know that such threats are being made by nurses of the Health Department," said Dr. Samuel Z. Orgel, Assistant Pediatricist at the Mount Lebanon Hospital, and also of the Mount Sinai Hospital. "I see an average of 200 or 300 of these cases a week. They come to the dispensary with a blank filled in by the school nurse saying that the child's adenoids should be removed. If you examine the child and advise against the removal of the adenoids, the mothers say, 'But the nurse told me that my child would not be allowed to come to school unless his adenoids were taken out.'"

"In some cases the mother comes back time after time and keeps telling us that the nurse has threatened to have the child put out of school unless she saw that his tonsils were taken out."

Says Nurses Should Not Judge

An article written by Dr. Orgel and Dr. Samuel S. Blauner, pediatricist at the Mount Lebanon Hospital, for the *New York Medical Journal and Medical Record* for August 2, says: "Inasmuch as tonsillectomy and adenoidectomy have distinct indications, nurses should not be put in a position of responsibility in judging these indications. We see an average of a hundred children a week, who, at the behest of the nurse, come to the dispensary for tonsillar removal, children who are otherwise in good health and most of whom never suffered an illness involving tonsillar and adenoid tissue. A strict admonition is given the mother that these structures must be removed or that the child will be excluded from school, the only indication being that the tonsils are visible to the naked eye."

Dr. Frank J. Monaghan, Deputy Commissioner of Health and Acting Commissioner in the absence of Dr. Royal S. Copeland, said to-day that nurses in the Health Department had no right whatever to make any such threats to the parents of pupils in the schools, and characterized the report that it was being done as "perfectly ridiculous."

"They may use all the power that is given them to have adenoids removed where it is for the good of the child's health, and where the parents are either

ignorant or obstinate and obstreperous," said Dr. Monaghan, "but as to ordering parents to have their children's tonsils out, it couldn't be done. All they can do is to advise it."

The harmful effects of frightening children about disease through compulsory medical examinations, literature, lectures and motion pictures, and the controversial character of vaccination against smallpox, immunization against diphtheria and other diseases, and the wholesale cutting out of tonsils, all of which are a part of the program for compulsory medical examination of school children, are discussed in detail in other chapters of this book.

CHAPTER IV.

SANITATION PREVENTS DISEASE

With the dawn of the "Sanitary Era" sanitary engineering began to be developed upon an extensive scale throughout the civilized world. And with this world-wide progress in the field of sanitation, the so-called "filth diseases," which at one time decimated large areas of the population, began to disappear.

C. Killick Millard, M.D., D.Sc., in his book, *The Vaccination Question in the Light of Modern Experience*, London, 1914, refers to the period from 1873 down to the present time as marking the period of the "Sanitary Era." He says:

"We now come to the period from 1873 down to the present time. This may rightly be called the 'Sanitary Era,' as it is only during this period that the science of modern sanitation has come into existence. The great Public Health Act—passed in 1875—may well be taken as marking the beginning of this era. True, this was not the first Act relating to the Public Health, nor the first attempt that had been made to improve the wretched state of things existing. The dawn of sanitation had already appeared. But if any particular date is to be taken as marking the effective beginning of the 'Sanitary Era,' the year 1875 may well be selected."

Sanitary engineering has been defined as that branch of civil engineering dealing with the water supply, sewage and waste disposal for cities, and other sanitary problems.

The term sanitation embraces sanitary engineering. It is associated in the popular mind with cleanliness, but is often used in a broader sense to include ventilation and certain means directed against contagious diseases. Dr. W. J. Collins and Mr. J. A. Picton, in the Minority Report of the Royal Commission on Vaccination in England, August, 1896 explained what they meant by sanitation as follows:

"222. In speaking of sanitation we use the word in its widest sense; we are not speaking merely of drainage improvements, but we include the prevention of overcrowding on areas, or within houses and rooms, the proper construction of dwellings, so as to permit thorough ventilation; the promotion of cleanliness by adequate water supply and the prompt removal of filth accumulations. Related to these measures, but in a somewhat different category, are means directed against contagion, the speedy separation (in suitable hospitals) of the infected from the healthy, the disinfection of persons and things, and the prevention of the propagation of the disease by inadvertent carelessness or by intentional inoculation."

Water, Air and Cleanliness Were the Chief Articles of Emperor Napoleon's Pharmacopeia

How Emperor Napoleon banished the plague from his troops is told by J. T. Biggs, J.P., Member of the Leicester Town Council, and of its Sanitary Committee, for Over Twenty-Two Years, in his book *Leicester: Sanitation Versus Vaccination*, London, p. 360:

"The remarkably strong character of the Emperor Napoleon is well exemplified by the next quotation which Mr. Dudgeon used from Dr. Antommarchi's 'Last Days of Napoleon':—'The plague appeared among Napoleon's troops at Alexandria at the beginning of the present (i.e., the nineteenth) century. The doctors were afraid to attend the patients. The general, in anger, himself undertook the supervision. "Water, air and cleanliness were the chief articles of my pharmacopeia. The doctors laughed at my method, but experience demonstrated that it was preferable to their pills. The city was the most dangerous post. I ordered the troops to encamp, and cut off all communication with the town, and the malady ceased."'"

Jaundice Commission Reports Outbreaks of Jaundice in Italy As Traceable to Filth

"Army Discovers Jaundice Cause—Observation and Experiment in Italy Show That It Has Its Origin in Filth—Caught Like Dysentery—Disease Is Transmitted From Person to Person by Flies and Other Carriers."

The above headlines appeared over a Florence, Italy, dispatch, January 9, 1945, published in *The New York Times*, January 15, 1945.

"Jaundice, it may now be said," according to the dispatch, "is a filth disease transferred from one person to another through the agency of flies, polluted water and other means in much the same way as dysentery."

The dispatch states that "There have been more cases of jaundice during the war than of any other disease and it has caused more deaths and more lost days than any other sickness."

It further states, "It became so serious a matter that a 'jaundice commission' was set up to make a special study of the disease and it is this group of eminent physicians who have been working on the question since July, 1943." The dispatch adds:

"The most active and the head of the group is Col. Marion H. Barker of Northwestern University Medical School, Chicago, who is working with a research council headed by Maj. Gen. Morrison C. Stayer of the Regular Army and Col. Perin H. Long. For more than a year their chief center has been the

Fifteenth General Medical Laboratory in Naples, where jaundice has been studied from the chemical, serological, immunological (animal experimentation) and transmissibility angles."

The dispatch further brings out that "Already preventive measures have achieved marked success" and that "the number of cases has been cut down by prevention through more careful sanitation."

Earlier Reports Attributed Outbreak of Jaundice to Yellow Fever Vaccine

In July, 1942 Henry L. Stimson, Secretary of War, announced that a serious epidemic of jaundice in the United States Army had been checked by changing the vaccine used for yellow fever inoculations. The following Washington dispatch, July 24, 1942 was published in *The New York Herald Tribune*:

"A serious epidemic of jaundice in the United States Army has been checked by changing the vaccine used for yellow fever inoculations, Henry L. Stimson, Secretary of War, announced today, revealing that up to July 4 there had been 28,585 cases resulting in sixty-two deaths.

"Mr. Stimson said that at the beginning of the outbreak the Army medical authorities were 'quite baffled by it,' chiefly because the long period of incubation which characterizes jaundice concealed the relationship of cause and effect.

"The peak was reached during the week ended June 20, when there were 2,997 hospital cases. By the week end of July 4, the last date for which figures were available, the number had dropped to 2,575.

"By far the greater number of cases occurred in troops still quartered within the continental United States, although troops overseas also were affected. The figures were 24,057 for the continental United States and 4,528 overseas.

"There has been a change in the form of yellow fever vaccine now being used which we think will eliminate all trouble,' Mr. Stimson said. 'One of the difficulties is the period of incubation. Jaundice did not break out for a considerable time after inoculation, so although the change of vaccine was made quite a long time ago, cases are still breaking out.'"

An editorial in *The Journal of the American Medical Association*, August 1, 1942, entitled "Jaundice Following Yellow Fever Vaccination," also reported Henry L. Stimson, Secretary of War, as announcing that 28,585 cases of jaundice had developed among army personnel between January 1 and July 4 apparently from the use of vaccination against yellow fever.

If the findings of the Jaundice Commission that jaundice is a filth disease are correct, its prevention is a problem of sanitation. Also inasmuch as inoculation with a faulty serum has been found to cause jaundice in large numbers of cases, special precautions must be taken to see that no faulty serum is allowed to undo the work of the sanitary engineers.

Vaccination Against Typhoid Found To Give False Sense of Security in Midst of Gross Insanitary Conditions

In World War I it was necessary for the Medical Corps of the United States Army to issue special warnings against a false sense of security under the popular belief that vaccination against typhoid and paratyphoid offered complete immunity even in the midst of gross insanitary conditions.

The following extracts are from an article by Walter D. McCaw, Colonel, Medical Corps, Chief Surgeon, appearing in *Public Health Reports*, the official weekly bulletin of the United States Public Health Service, for March 28, 1919:

p. 605. "In view of the appearance and continued incidence of fevers of the typhoid-paratyphoid group in many units of the American Expeditionary Forces during the past five months, it is deemed essential to review this subject at the present time, particularly from the viewpoint of early diagnosis, prevention, and control.

"The occurrence and distribution of typhoid-paratyphoid in our troops has constantly and continuously been brought to the attention of all medical officers serving with the American Expeditionary Forces through the medium of the weekly bulletin of diseases. It would appear, however, that many officers have utterly failed to grasp the significance of these reports and warnings, a fact which may be due to a false sense of security under the popular belief that vaccination against typhoid and paratyphoid gives a complete immunity even in the midst of gross insanitary conditions . . .

p. 606. "In July, 1918, a replacement unit consisting of 248 men from Camp Cody, N. Mex., reached England with typhoid prevailing extensively; 98 men, or 39.5 per cent, had typhoid and the case death rate was 8.42 per cent . . .

p. 607. "(c) In August, 1916, a small but severe epidemic occurred in a detachment of Engineer troops stationed at Bazoilles. In this unit 15 cases of typhoid occurred, with a death rate approximately 10 per cent . . .

"(d) During the Chateau-Thierry offensive diarrheal diseases were very prevalent in the troops engaged—approximately 75 per cent. It was demonstrated bacteriologically in this area that the prevailing intestinal diseases were simple diarrhea, bacillary dysentery, typhoid, paratyphoid A and B . . .

"(f) Following the offensive in the Argonne sector, typhoid and paratyphoid began to be reported from practically all divisions engaged in that offensive . . . More than 300 cases of typhoid-paratyphoid may be attributed to the Argonne offensive. Eight hundred and seventy-four typhoids and paratyphoids have been reported in the American Expeditionary Forces since October 1, 1918. . ."

Relation of Sanitation to Public Health

It is generally recognized that sanitation is largely responsible for the reduction which has taken place in the so-called "filth" diseases. The important role which sanitation plays in the prevention of disease is discussed at length in an article appearing in *The Journal of the American Medical Association*, by George A. Soper, Ph.D., Major, Sanitary Corps, U. S. Army, November 8, 1919, p. 1406. Dr. Soper said:

"The epidemic diseases are disappearing, probably not so much because of the fight that is made directly against them, as on account of indirect influences that bear on them. It is impossible to state with scientific accuracy what all of these are or exactly how they operate, but it is possible that they have to do with the higher standards of living which prevail.

"Disease is an ally of ignorance, dirt and disorder, and it everywhere tends to disappear on the improvement of knowledge and of social conditions. Standards of personal, domestic and municipal living are ever advancing and sweeping away the opportunities that formerly existed for the spread of infection. . .

"Sanitary works possess a number of advantages as compared with other measures for the prevention of disease. First, they have a wholesale application. A water supply that is made pure is wholesome for every person who has occasion to drink it. Although there is a considerable investment of capital in these enterprises, the maintenance charges are not excessive and the results are satisfactory. Yielding to works of sanitation are not only typhoid, dysentery and other diarrheal diseases, but some other forms of sickness that cannot conceivably be conveyed by drinking water. This phenomenon has been described in papers that are so easily accessible as to need no repetition here.

"It is impossible to pass this point without suggesting that the introduction of any measure that materially contributes to the cleanness, convenience and order of a community helps to eliminate disease, even though its exact manner of doing so may not be apparent. Simple cleanness is one of the most healthful as well as one of the most educative measures known."

The opening of the drainage canal in Chicago is another example of the value of sanitation in the reduction of disease. William Joseph Showalter in *The National Geographic Magazine* for January, 1919, said:

"'Sic Semper Typhoid.'—The result of the opening of the drainage canal was phenomenal. Typhoid, which had reached a degree of prevalence that

was truly alarming, began to subside immediately, and Chicago, but lately the most unhealthful principal city in America, soon was cutting down its death rate faster than any similar community anywhere. No man who knows the history of the conquest of water-borne disease by the building of this canal can fail to appreciate the triumph of the sanitarians. They said they would cut the typhoid rate in half, but they actually sliced off more than 90 per cent of it!"

Dr. Victor G. Heiser, while Director for the East, International Health Board of the Rockefeller Foundation, also attributed typhoid and certain other intestinal diseases to insanitary conditions. Referring to typhoid, hookworm infection, diarrhea, dysentery, cholera, and other intestinal diseases, Dr. Heiser in an article published in *The Annals of the American Academy of Political and Social Science*, July, 1918, p. 48 said:

"It may be well to ask what can be done to prevent this enormous waste. The answer is simple. It is only necessary to provide for the safe disposal of the excrement of the entire population."

Contrast Between the Insanitary Conditions of the 19th Century with the Present High Standards

The insanitary conditions of the 19th century as compared to the present high standards of living are contrasted by Dr. C. V. Craster, Health Officer, Newark, N. J. in an article published in *The American Journal of Public Health*, May, 1925 from which we quote the following:

"The onset of the industrial era in Europe, and in America too, changed to an immense degree the general living conditions of the populations. As a result of economic demands for factory labor and also the lure of better wages, a continuous drift of population took place from the rural districts to the towns.

"This would not have been important as a national change had the cities been able to absorb and accommodate the vast army of employed. As it was, the cities were without sufficient dwellings and such as they had were without a water supply, without sewerage, without even an available or clean food supply to provide for the new citizens. These conditions brought about in the vast majority of city dwellings in America and abroad during the middle of the nineteenth century overcrowding, indescribable filth and generally a miserable living standard among the families of the poor. Disease and every kind of infection ran riot, finding ideal conditions in the foul homes and in the emaciated and undernourished bodies of unfortunate victims.

"Speaking of the living conditions in the tenement buildings of the City of London in the 19th century Simon said: 'There are some places where the mortality is yet high, where in fact the cloud of death is always hanging, where

the vitality of the people is seriously sapped and where disease makes an easy conquest. It is not enough that these places are the continuous haunts of such endemic maladies as phthisis, fever, and other putrid classes, but often they become seats of stronger pestilences.'

"A parallel to this situation existed at the same time in the City of New York, where in 1864, according to the City Inspector, 6,000 families comprising 18,000 individuals were living in underground cellars . . .

"It was evident that although routine enforcement of such old established methods as isolation and quarantine were administration methods of some value in the control of epidemics, they would in the end be useless as mere gestures unless there was possible an improvement in the actual living conditions of the people. The demand for reform brought about the great national efforts to insure a good water supply for cities and the provision of adequate sewerage and refuse collection systems, as well as a general improvement in the type of city dwelling used by the worker.

"The greater number of epidemic diseases which swept over enormous continental areas were strictly diseases where possibilities of spread were directly questions of environment. This class would include smallpox, yellow fever, dysentery, typhoid fever, bubonic plague, cholera, malaria, typhus fever, meningitis and tuberculosis. All of these with the exception of tuberculosis have ceased to be widely prevalent except in countries where famine, destitution and filth exist as a result of war or economic revolution."

Says Sanitarians Did What They Expected Typhoid Vaccine To Do

John Dill Robertson, M. D., former Commissioner of Health of Chicago, made a surprisingly frank admission of the failure of the campaign to inoculate all the people in Chicago against typhoid and the success of purely sanitary measures, in an address published in the *Illinois Medical Journal*, July 1926.

He said:

"When the typhoid fever vaccine was first produced it was freely predicted that we would be able to conquer typhoid in our City (Chicago) through its use. Experiment showed that this vaccine like that for diphtheria, toxin-anti-toxin, was difficult to sell to the people. Sanitarians, with their pasteurization, their chlorination, their food coverings, their screenings, their elimination of toilets from backyards, the elimination of horses by the automobile, altogether did what it was hoped the typhoid immunizing agent would do. It is now still more difficult to get the citizens of a great city to permit themselves to be immunized with the typhoid vaccine, and with our present sanitary conditions in the City of Chicago, no one is now urging it very strongly, except in hospitals where the staff comes in contact with an occasional case of typhoid fever and in home contacts."

Smallpox Has Gone the Way of Cholera and Other Filth Diseases Before the Onward March of Sanitation

That smallpox has gone the way of cholera and other filth diseases before the onward march of sanitation is brought out by Dr. C. Killick Millard, Medical Officer of Health for Leicester, England, in his book, *The Vaccination Question in the Light of Modern Experience*, London, 1914. He says:

p.viii. Preface. "For forty years, corresponding roughly with the advent of the 'sanitary era,' smallpox has gradually but steadily been leaving this country [England]. For the past ten years the disease has ceased to have any appreciable effect upon our mortality statistics. For most of that period it has been entirely absent except for a few isolated outbreaks here and there. It is reasonable to believe that with the perfecting and more general adoption of modern methods of control and with improved sanitation (using the term in its widest sense) smallpox will be as completely banished from this country as has been the case with plague, cholera, or typhus fever. Accompanying this decline in smallpox there has been a notable diminution during the past decade in the amount of infantile vaccination. This falling off in vaccination is steadily increasing and is becoming very widespread. . . .

p. 185. "Undoubtedly, many have a genuine fear that if smallpox once succeeded in obtaining a foothold in an unvaccinated community it would spread 'with a rapidity of which we have in recent times had no experience.' I realize that any one who suggests that this view is unduly alarmist incurs a certain measure of responsibility, and I believe that this reflection has hitherto deterred those who might otherwise have been inclined to express a more sanguine view. Personally, having been Medical Officer of Health for thirteen years in a town which, for practical purposes, may be regarded as unvaccinated; living and moving, as I do, amongst a child population 90 per cent of which is unvaccinated, I feel unable to subscribe to this pessimistic view. I believe that the sanitary condition of the country has been so greatly improved, and alternative measures for dealing with smallpox have been so highly evolved, that we shall never revert to the state of things which existed in the days before vaccination was discovered."

That smallpox is a "Dirt Disease" and that vaccination is not the main factor affecting the death-rate are brought out in the following communication from the Citizens Medical Reference Bureau, published in *The New York Times*, January 28, 1930:

SMALLPOX A "DIRT DISEASE"

Vaccination Not the Main Factor Affecting Death Rate.

To the Editor of The New York Times:

Smallpox statistics throughout the world bear out *The Times* statement that the changes of incidence show that "in part we have to do here with an

unknown element in the disease" and are not explained by the amount of vaccinating done, as contended by Dr. Louis I. Harris.

Your correspondent gives it as his opinion that Italy has profited through a more general use of vaccination and that in Switzerland and Great Britain they undoubtedly failed to employ vaccination on as large a scale as previously.

Italy has one of the most stringent compulsory vaccination laws of any country in the world, and this law requiring the vaccination of infants and revaccination before 12 years of age was in force long before the epidemic of 1919 and 1920, at which time there were more than 30,000 fatalities from smallpox.

In England, where vaccination is optional by virtue of the conscience clause in the vaccination law, and where official statistics show that fewer than 40 per cent of infants are being vaccinated, the number of deaths from smallpox consistently range from a few to less than a hundred a year.

In the United States, where vaccination is also optional for the most part, the number of deaths from smallpox has been fewer than 1 per 100,000 population during each year for the past twenty years, and in 1928 there were only 131, as compared to 145 in 1927. There were 38,000 cases in 1928, as compared to 35,000 in 1927, but this is remarkably low as compared to the cases in 1920 and 1921. The fact that smallpox is consistently absent in Maine and Vermont cannot be explained by the amount of vaccinating being done, because these States have no compulsory vaccination laws.

The United States Public Health Service states that the disease is much better reported in the United States than in most other countries. The difference in the manner of diagnosing the disease explains in part the small number of deaths and the comparatively large number of cases in this country and the small number of cases and large number of deaths in certain foreign countries.

So far as smallpox of a virulent character is concerned we have only to look at India to realize that poor living conditions, lack of sanitation and crowded quarters do play a part in the prevalence of smallpox, and I agree with the editorial reference in *The Times* to smallpox as "a dirt disease."

H. B. ANDERSON,

Secretary, Citizens Medical Refreence Bureau.

New York, Jan. 25, 1930.

The Extent of the Sanitary Problem

Every case of a so-called "filth disease" reported in any city, State or possession of the United States is evidence of the need of improved sanitary conditions.

New sanitary problems are created by floods, storms, earthquakes and the transfer of large numbers of persons from one locality to another locality.

Also many problems are difficult of solution even under peace time and under the most skilled sanitary engineering practice, as indicated by the following extracts from an editorial in *The Journal of the American Medical Association*, March 24, 1945, entitled "Sanitary Dangers of Cross Connections in Plumbing":

"The Chicago amebic dysentery epidemic in 1933 dramatized the problems attached to the consistent delivery of safe water. This epidemic emphasized the thinness of the dividing line between safety and danger where water supply is exposed to sewage contamination at the points of consumer use. Before and after that nationwide epidemic, sanitary engineers have been confronted with hundreds of epidemics of similar nature. . . .

"Reports and recommendations on the subject have been prepared by the American Water Works Association, the New England Water Works Association, the Conference of State Sanitary Engineers and other interested groups. In a comprehensive review of a seven-year period ended in 1936 in the United States, Wolman and Gorman state that of 170 reported water-borne outbreaks 14 were due to cross connections with a polluted water supply. A preliminary tabulation of disease outbreaks conveyed through water in the United States in 1942, as reported to the U. S. Public Health Service by State and territorial health authorities, indicates that 8 of 50 reported water-borne outbreaks were due to cross connections with a polluted water supply."

Mayor La Guardia Reveals Nation-Wide Sanitary Neglect

"You can't dramatize sewers, but they are very important, and I would say that some 80 per cent of the communities in this country are in need of proper sewage disposal," said the Honorable Fiorello H. La Guardia, Mayor, New York City, in outlining his views about a post-war health program, before the Senate Subcommittee on War-time Health and Education, September, 1944.

Mayor La Guardia further stated that "When I took office in 1934 all the sewage of New York City was just dumped in the waters of our front yard, and it was reaching a very dangerous point."

The revelations of sanitary neglect offered by Mayor La Guardia are highly significant. The question might well be raised why our boards of health throughout the United States are so determined upon regimenting school children, workmen in factories, physicians and all other practitioners of the healing art when they have neglected for so many years to make adequate provision for proper sewage disposal. The following paragraphs are from the testimony offered by Mayor LaGuardia:

p. 2051. "... during the past 10 years, we demolished more unsanitary, dangerous dwellings than in all of the history of New York City prior to that time. We are now ready to get going on \$126,000,000 of low-cost housing, and we are encouraging the middle group of limited-dividend corporations, where they are required to limit their rate. That is a part of the health program. We are ready to go on that as soon as the war ends and materials are available. I expect to use from 30 to 40 million dollars the first year. The land has been acquired and the plans are ready. Now, you can't disassociate that from your health program.

"Here is a subject that is costly, Senator. You can't dramatize sewers, but they are very important, and I would say that some 80 per cent of the communities in this country are in need of proper sewage disposal. When I took office in 1934 all the sewage of New York City was just dumped in the waters of our front yard, and it was reaching a very dangerous point. I did find one sewage-disposal plant on an island and was quite keen about it, but when I went to look at it the darn thing wasn't connected with anything, so we had to build the interceptor sewers and bring the sewage under the East River to the sewage-disposal plant, and that cost \$24,000,000, but it was just at the time of P.W.A., and I got \$11,800,000 from the Federal Government, and that sweetened the sour part of that. I shall always be grateful to Harold Ickes for that. Since that time, Senator, we have built six sewage-disposal plants in New York City, at a cost of \$58,000,000. The \$11,800,000 is the only grant we have ever received from the Federal Government.

"Our program entails \$119,000,000 more of sewage-disposal plants, and \$107,000,000 of the \$119,000,000 would be ready to go, because we are working on the plans. Some of the plans are 100 per cent completed now, and others are about 50 per cent completed, so it is an average of about 75 per cent completed. That will take care of all of the sewage of a city of 71½ million people. That is—119 plus 58—well, it is about \$177,000,000. In other communities it may not be so costly, because, as I said in the first instance, we have to go under the East River with the two trunks, and for lower Manhattan we have also to go under the river. That makes it pretty costly, and, of course, intercepting sewers themselves are very costly. That should not be neglected, and the Federal Government ought to take a very active part and provide communities with grants for proper sewage disposal.

"We have, in New York City, and it has been very helpful, a splendid water supply. Our Croton and Catskill system cost about \$700,000,000, and we are now providing an additional supply from the Delaware system. We have spent \$31,000,000 on that, and we were stopped by the war. There is \$78,000,000 more to be spent. We are well on our way there. About 10 years ago we consumed 900,000,000 gallons of water a day. We now consume a little over 1,000,000,000 gallons a day. We have practically no reserve, but we will have a reserve when the Delaware system is completed.

"I mentioned water and sewage because these are very important items often overlooked, and because it is certainly inefficient, at least, not to remove causes of illness and disease while planning for a well-rounded, complete health program."

Public Health Work Distinct From Medical Practice

The notion that public health work is simply a branch of medical practice and that it is absolutely necessary for public health officials to hold a medical degree in order to properly administer their offices is made the occasion for a vigorous attack in a book entitled, *Public Health Law*, by one of the foremost experts on public health law in the United States, James A. Tobey, M.S., LL.B.:

"Most laws require the State health officer to be a physician, though it is far more important that he be skilled in sanitary science and public health work," said Mr. Tobey, and added:

p. 49. "There were in 1925, in fact, about a dozen high grade institutions which graduated with the doctorate in public health (Dr.P.H.), individuals who are entirely qualified from the scientific standpoint to administer any health department, State, county or municipal. Most of these institutions required the 'M.D.,' as a pre-requisite to the 'Dr.P.H.,' though two prominent colleges did not.

p. 163. "Public Health work is today a specialty, not a branch of medicine or of any other science, and the sanitarian must be specially trained in this profession. A health officer is a sanitarian in an administrative capacity. He may be a State, county, or municipal official. Any public office is a public trust, conferred not for the benefit of the holder, but of society as a whole.

p. 165. "The qualifications demanded of a health officer are often set forth in the statutes. Sometimes, this official is required to be a practitioner of medicine, and often he must be a resident of the community at the time he is appointed to serve it. Both of these provisions are unnecessarily narrow, however. The health officer should be suitably trained in public health work and preferably possess a degree in public health from a reputable institution, whether he also has an 'M.D.' or not. An individual with a 'Dr.P.H.' granted by a first class school of public health is, for that matter, much more logically trained to administer a health department than is a physician with no public health training or experience."

That physicians have been taught to consider the pathological in human life rather than the great, basic, underlying essential factors which enter into and are the vital part in the creation, spread and perpetuation of sickness is brought out by Assistant Surgeon-General W. C. Rucker, U. S. Public Health Service, according to an article in *The American Journal of Public Health*, January, 1920, p. 9, reporting an address by Dr. Rucker before the Cincinnati Convention of the American Public Health Association, October 24, 1916. Dr. Rucker is reported as saying:

"Unfortunately, health has been considered in the past only as a medical problem, and the pendulum has been enthusiastically swung so far that health is almost regarded as an artificial state to be achieved and maintained solely through the interposition of medical safeguards.

"With entire consistency, health wardenship of cities has been committed solely to physicians, those who by training have been taught to consider the pathological in human life, the symptomatology and evidences of disease rather than the great, basic, underlying essential factors which enter into and are the vital part in the creation, spread and perpetuation of sickness."

In a publication entitled, *Facts and Fallacies of Compulsory Health Insurance*, Frederick L. Hoffman, LL.D., while statistician and Third Vice-President of the Prudential Insurance Company of America, brought out that sanitary science and preventive medicine are fundamentally separate and distinct from the practice of medicine as a healing art. Doctor Hoffman said:

"According to Dr. I. M. Rubinow, 'the medical profession is the guardian of the public health.' This view is certainly not shared by those who represent Federal, State, county or municipal health activities. Sanitary science and preventive medicine are fundamentally separate and distinct from the practice of medicine as a healing art. It would be a lamentable confusion of functions and duties if the view were to gain general acceptance that the medical profession, as represented by practicing physicians and surgeons, is to be considered 'the guardian of the public health.' The contradictory views which are held on these questions, and which are matters of fundamental importance to the general public, reach their extreme in a statement by Dr. B. S. Warren, surgeon of the U. S. Public Health Service, that 'The question of health is more a matter of public concern than the question of education.'"

Finds Medical Training May Be a Disadvantage To Health Officer

Many leading health authorities are coming to the conclusion that it is not necessary for a public health official to be a doctor of medicine. They are even going a step further and are beginning to inquire if it is unreasonable to hold that a D.Sc. graduated in biology is not more qualified to administer health than an M.D. graduated in pathology as brought out in the following editorial in the *American Journal of Public Health*, June, 1927:

"The Public Health Profession

"The readers of the Journal will remember pleasantly the interesting and stimulating discussion of *Public Health Problems Needing Research* presented in the September, 1926, issue by Dr. Ennion G. Williams. One of these problems was 'the training needed for a public health administrator' concerning which Dr. Williams said:

"Public health authorities today are quite concerned about this problem, for in this field we are too much influenced by tradition. There was a time when we thought that the health officer must necessarily be a doctor of medicine, and even now many insist upon it. In fact, one of the volunteer agencies that give great help in the work of public health, before contributing financial aid to a unit, insists that the director of that unit be a graduate of medicine. That policy is to be questioned."

"The paragraph just quoted evoked from the *Medical Officer* in one of its midwinter issues an editorial comment of equal interest. After quoting the above paragraph and commenting upon what the editor of the British journal regards as England's greatly superior standardization of medical training the editorial points out that, while 'a medical education does not equip a man fully for public health work,' there are certain advantages in having had this professional training. It continues:

"But is there a reverse side to be considered? Is there no disadvantage in the health administrator having been trained to medicine? Unfortunately, there is, and it is because of it that Dr. Williams' proposition is not an idle thought but an important problem calling for solution.

"At the present time, the medical student after being forced to learn a smattering of physiology is trained to pathology. The health administrator should be trained to physiology and taught pathology as an addition. Is it unreasonable to hold that a D.Sc. graduated in biology is more qualified to administer health than an M.D. graduated in pathology?"

"The significant item of interest here is the growing appreciation of the fact that public health is a distinct profession. Great Britain has gone much farther than America in placing clinical activities under governmental health authorities. For many of her public health administrators a training in medicine would seem to be both desirable and necessary. In the United States there is a tendency to leave clinical matters in the hands of private practitioners, hospitals and relief agencies, but in both places there is a growing recognition of the distinction between public health administration and the practice of clinical medicine.

"In America we have both non-medical and medical administrators and sanitarians of outstanding ability. Experience has proved the value of both and no assumed omniscience is likely to direct the course of public health training arbitrarily in either direction. Further study and an understanding of our experience to date will lead us most safely.

"The important need of the present is to extend the appreciation of the fact that public health is a distinct profession to which both special training and experience contribute. This idea must grow until it is reflected in the public appreciation of health departments, in the selection of public health personnel by government officials and in the higher salaries and improved tenure of office for the able men who are already in this branch of the public service."

Says Non-Medical As Well As Medical Health Officers Have Administered Public Health Work With Outstanding Success

"The Massachusetts Public Health Association has passed a resolution of protest against the report of the National Health Officers Qualifying Board to the United States Conference of Mayors, which was published in the *Journal* for January, 1938, pp. 110-111," according to a news item in the *American Journal of Public Health*, October, 1938, p. 1261, which added:

"The resolution points out that experience in the United States is rich in the demonstrated fact that non-medical health officers as well as medical health officers have administered public health work with outstanding success when they are adequately prepared by training, experience, and personality for the conduct of such work; pointing further to the fact that non-medical scientifically trained public health workers, skilled in engineering, bacteriology, chemistry, physics, sanitation, vital statistics, nutrition, public health education, and other scientific but non-medical pursuits, have shown administrative ability and success.

"The Massachusetts Association records its opposition to the report of the National Health Officers Qualifying Board to the United States Conference of Mayors in so far as the report excludes properly trained and otherwise qualified non-medical public health workers from serving as health officers.

"The resolution stipulates that, in so far as this report recognizes the importance of adequate public health training and experience as prerequisites for qualified and efficient public health administrative work, the report has the hearty approval and endorsement of the Massachusetts Public Health Association."

What Sanitation and Liberty Meant to the People in Leicester Sixty Years Ago

No history of the struggle for liberty is complete without a resume of The Leicester Demonstration on March 23, 1885.

The Leicester Demonstration is set forth in detail in a book entitled, *Leicester, Sanitation versus Vaccination*, by J. T. Biggs, J. P., Member of the Leicester Town Council, and of its Sanitary Committee, for over Twenty-Two Years, published by The National Anti-Vaccination League, London, England.

It is estimated that between 80,000 and 100,000 persons throughout England assembled at Leicester March 23, 1885 at a time when forty-five summonses were being issued every week to parents for not having their infants vaccinated.

Councillor Butcher, of Leicester, is reported by *The Vaccination Inquirer* as saying he had seen a good many demonstrations in Leicester, but never one to surpass the one on March 23, 1885 in numbers and intelligence. Councillor Butcher is also reported as follows:

"Many present had been sufferers under the Acts, and all they asked was that in the future they and their children might be let alone. They lived for something else in this world than to be experimented upon for the stamping out of a particular disease. A large and increasing portion of the public were of opinion that the best way to get rid of smallpox and similar diseases was to use plenty of water, eat good food, live in light and airy houses, and see that the Corporation kept the streets clean and the drains in order. If such details were attended to, there was no need to fear smallpox, or any of its kindred; and if they were neglected, neither vaccination nor any other prescription by Act of Parliament could save them."

A resolution was adopted "That the Compulsory Vaccination Acts, which make loving and conscientious parents criminals, subjecting them to fines, loss of goods, and imprisonment, propagate disease and inflict death, and under which five thousand of our fellow townsmen are now being prosecuted, are a disgrace to the Statute Book, and ought to be abolished forthwith."

The result of The Leicester Demonstration was momentous. The newly-elected Board of Guardians on May 4, 1886, by a vote of twenty-seven to eight, ended the tyranny initiated by the previous Board, but which, doubtless, in the end did more to defeat than to establish compliance with the law.

The newly-elected Board of Guardians continued to affirm a policy of non-compulsion. They petitioned against compulsory vaccination and summarized the occurrences at Leicester in a memorial to the Royal Commission on Vaccination.

The Leicester Demonstration, therefore, had much to do with the adoption of a "Conscience Clause," making vaccination optional, in the Acts of 1898 and 1907.

CHAPTER V

THE FEDERAL PROGRAM FOR THE X-RAY EXAMINATION OF EVERYBODY

War Conditions Were Made the Pretext for Alarming the Public About a Possible Increase in Tuberculosis to Launch the Campaign

The United States Public Health Service launched its nationwide campaign for the x-ray examination of everybody in 1944. It is safe to say that the unnecessary fear created by this campaign has contributed substantially to the anxieties of large numbers of persons in time of war. Also it has done much to create the very conditions which the campaign was alleged to prevent.

No persons could be more thoroughly familiar with the great decline which had taken place in the death-rate from tuberculosis than the officials of the United States Public Health Service. Much unnecessary anxiety about tuberculosis could have been avoided if the United States Public Health Service had emphasized the continued decline in the death rate from this disease. But instead of announcing in the public press and on the radio and on the public platform that the disease was being wiped out they chose to send out alarming reports of a possible increase in tuberculosis due to wartime conditions. Yet when they made these predictions of a possible increase in tuberculosis they knew that the death-rate in the registration area had declined from 194.4 per 100,000 in 1900 to 45.8 in 1940. Also they knew that in World War II the death-rate had continued to decline from 44.5 in 1941 to 43.1 in 1942 and to 42.6 in 1943.

That fear of tuberculosis is the key-note of the tuberculosis campaign is shown by the posters and circulars prepared by the United States Public Health Service for use in factories throughout the country. TB poster 1 shows a smiling group of men and women dressed in work clothes and carrying lunch boxes with the caption "You may look healthy but—what does your chest x-ray show?" Scare circulars were also prepared for distribution in factories telling the workers "You can 'feel swell' and still have tuberculosis." The circulars remind the workers that the germs "don't make a noise when they go in. They don't bite. They don't turn on a red light." No one can fail to appreciate the harmful effects of using tax funds to create mass fear of tuberculosis or any other disease in this manner.

The 8-Point Program for the Alleged Control of Tuberculosis

The nationwide tuberculosis program was authorized by an Act of Congress signed by the President July 3, 1944 for the codification

and revision of the laws relating to the United States Public Health Service. The Act authorized an initial appropriation of \$10,000,000 the first year to be followed each year thereafter by a sum sufficient to carry out the purposes of the subsection dealing with tuberculosis.

Surgeon General Thomas Parran appointed Herman E. Hilleboe, M.D., Chief of the Tuberculosis Control Division with the rank of Medical Director to supervise the carrying out of the tuberculosis control program.

In outlining an 8-point program for tuberculosis control Dr. Hilleboe took the alarmist view that although there had been a favorable downward trend of mortality in this country, and although "there is not yet any nationwide increase in tuberculosis mortality in the United States, indications in certain parts of the country are that such a rise may soon become apparent."

The following 8-point program was outlined by Dr. Hilleboe in an article entitled "Outlook For Tuberculosis Control," published in *The Health Bulletin*, by The North Carolina State Board of Health, November, 1944, as follows:

1. Chest x-ray examination for the entire population, concentrating first on the vulnerable groups and the family contacts of newly discovered cases. This does not exclude the use of pre-x-ray tuberculin testing among selected groups with low infection rates.

2. Follow-up of every case discovered in x-ray examinations, in order to insure clinical diagnosis and proper treatment. This would include supervision by physicians in private offices or clinics, assisted by public health nurses; sanatorium care; protective supervision after discharge, and rehabilitation where indicated.

3. Periodic examination, including chest x-ray, of persons with inactive disease.

4. Prompt treatment for active cases which can make a good recovery.

5. Strict isolation of open cases to prevent further spread of the disease.

6. Intensified health education activities among the general population, patients and their families. This can well be done by local tuberculosis associations.

7. Expanded research in tuberculosis and public health methods.

8. Financial aid to the tuberculosis bread-winner."

Says Workers With Healed Tuberculosis Were Fired

"A plant employing over 20,000 during a program of mass x-ray studies fired workers with healed tuberculosis," said Morris Raskin, M.D., Coordinator of Health Activities, United Automobile Workers,

Congress of Industrial Organizations, before the Subcommittee on Wartime Health and Education of the United States Senate Committee on Education and Labor, September, 1944.

Doctor Raskin stated that "This was done at a time of acute manpower shortage," and that "the medical profession agrees that workers with healed tuberculosis provide no hazard and can continue at most types of employment." Doctor Raskin also said:

"Mass chest x-ray study programs in industry are growing. The program as presently executed is concerned mainly with case findings, generally without provision for either the treatment of the individual case or economic support for the family of a worker undergoing treatment. Workers with active disease are thus removed as sources of infection from the plant only to become sources of infection in the community."

How a Meaningless Medical Term May Lead to Phobias As Crippling as the Disease Itself

An article in *The Ohio State Medical Journal*, May, 1945, entitled "A Spot on the Lung" says the term is "being used with great frequency by physicians, nurses and laymen alike." The article states that "while 'a spot on the lung' is often the obscured beginnings of destructive disease, it is, in other cases the starting point for tuberculophobia and anxiety neuroses, conditions that are no less crippling and hardly more easily curable than tuberculosis itself," and adds:

"But, though every reflecting physician knows that 'a spot on the lung' is a meaningless and dangerous term, the utter convenience of the expression—and others like it—militates against their prompt extinction. Past experience justifies a pessimistic outlook. No amount and intensity of medical education are likely to eliminate entirely the term from medical parlance . . .

"It is high time for the medical and nursing professions and everyone engaged in tuberculosis work to bury a medical term that has quite literally buried so many patients."

The article here referred to was a review of an article by that name by Max Pinner, M.D. in *The National Tuberculosis Bulletin*, January, 1945.

Says Many Persons Now Excluded from the Armed Forces on the Basis of Roentgenographic Evidence of Extensive Healed Tuberculosis Can be Restudied for Acceptability for Service

An article in *Public Health Reports*, May 11, 1945 reveals that roentgenographic findings have been the basis for rejecting appreci-

able numbers of persons from the armed services and that "Many persons now excluded from the armed forces on the basis of roentgenographic evidence of extensive healed tuberculosis can be restudied for acceptability for service."

The following extract is from the article entitled "Nontuberculous Pulmonary Calcification and Sensitivity to Histoplasmin" by Carroll E. Palmer, Surgeon, United States Public Health Service, in *Public Health Reports*, May 11, 1945:

"One of the significant problems in tuberculosis involves the marked variations in different parts of the country in the frequency of pulmonary calcification observed in roentgenograms of the chest. In a recent paper based on Selective Service records Long and Stearns (1) have shown the prevalence of such calcified lesions to vary from 6 per cent in Oregon to 28 per cent in Kentucky. In general, an area of high prevalence occurs in the central eastern half of the United States (Kentucky, Arkansas, Illinois, Indiana, Iowa, Maryland, Mississippi, Missouri, North Carolina, Ohio, Tennessee, Virginia, and West Virginia) with the frequency generally lower in the States to the north, south, and west of that area. These roentgenographic findings have been the basis for rejecting appreciable numbers of persons from the armed services. . . .

"The epidemiological evidence indicates that a very high proportion of the pulmonary calcification observed in individuals living in these States may be due to infection with histoplasma or a related organism and not to tuberculosis. If such is the case, a number of problems in tuberculosis can be clarified. Many persons now excluded from the armed forces on the basis of roentgenographic evidence of extensive healed tuberculosis can be restudied for acceptability for service. Reconsideration of our concepts of primary and reinfection tuberculosis is also indicated."

Says Public-Health Agencies Have Rushed Pell-Mell Into Industries and Given Chest Examinations Without Much Good Resulting From It

In reply to the question, "Have you facilities for chest x-ray examinations of the workers," Dr. I. C. Spencer, a representative of The Ingalls Shipbuilding Corporation, Pascagoula, Mississippi, said: "We have for a limited number. I think in many instances public-health agencies and others have rushed pell-mell into industries and given chest examinations without much good resulting from it." The testimony by Doctor Spencer was presented at Hearings before the Senate Subcommittee on Wartime Health and Education, December 16, 17 and 18, 1943, part 2, page 673. Doctor Spencer added:

"I think one chest picture is not of much significance except in a relatively small number of cases. Everybody has tuberculosis, and finding it in the chest picture may really be of no significance. It is the progress of the disease that is important, as seen in pictures taken at intervals of 1 or 2 or 3 months.

There is another consideration, too. Interpretation of chest pictures for the average physician is very difficult, and men who specialize in that field are very, very, scarce. So, if I had the facilities tomorrow to take chest pictures of all these people I don't know where I'd get them read. And another practical point—I don't see any compelling reason for doing mass examinations, because you can't do anything about it after the cases are discovered. I don't think they are any worse off over here than they could be at home or in some other community."

In reply to the question, "You would say there is a general need for tuberculosis facilities all over the United States?" Doctor Spencer stated they had adequate facilities for examination wherever they had any reason to suspect tuberculosis in a communicable state. He said:

"I don't think there is any question about that. I would say this that wherever we have any reason to suspect tuberculosis in a communicable state we have adequate facilities for examination."

Early Discovery Does Not Mean Early Recovery

"The Grim Reaper's Tuberculosis Harvest" is the title of the following significant annotation in the *American Journal of Public Health*, September, 1938 of an article by J. Downes in the *Milbank Quarterly*:

"Some gloomy findings about deaths among tuberculosis cases which health educators would do well to keep in the back of the mind when optimistically telling the world that early discovery means early recovery. More than a fifth of the minimal cases were dead after 5 years, and nearly half those moderately advanced had died.

"Downes, J. A Study of Mortality among Individuals with Active Tuberculosis. *Milbank Quart.* 16, 3:304 (July), 1938.

"Post-Sanatorium Tuberculosis Survival Rates in Minnesota" is the title of an illuminating article by H. E. Hilleboe showing the large number of fatalities among the patients discharged from one State and 14 county sanatoria in Minnesota, 1926-35, inclusive. The article was published in *Public Health Reports*, April 25, 1941. Doctor Hilleboe said:

"An important factor in the determination of survival rates of tuberculous patients is the number of readmissions to sanatoria during the period. Of the 8,958 patients of all ages, 6,822 were 20 to 49 years old. Seventy-five per cent (5,100) were admitted only once, 36.9 per cent (2,515) were discharged and were alive at the end of the period of observation, (including those untraced after discharge), 11.2 per cent (767) were alive on discharge but died during the period of observation, and 26.6 per cent (1,818) were dead on discharge after their first admission. There were 22.4 per cent (1,526) who had more than 1 admission and discharge; 12.8 per cent (837) were alive on discharge

and at the end of the follow-up period; 3.4 per cent (235) were discharged alive but died thereafter, and 6.7 per cent (454) were persons who were readmitted and were dead on discharge. The remaining 2.9 per cent (196) were persons who were readmitted after their last discharge and were in residence in the sanatorium at the end of the study in 1937. Only the interval of time from the last discharge to readmission was included in the follow-up period of these 196 persons."

Government Sanatoriums Tend to Increase Mortality From Tuberculosis

The legislators in the various States and in Congress for many years have been besieged with requests for the construction at public expense of enormous sanatoriums for the alleged cure of tubercular patients.

Once the sanatoriums were constructed, the next move was to carry on campaigns for the compulsory periodic examination of large groups of persons as a means of securing patients to fill the institutions. In a number of instances persons have been forcibly removed from their homes by over-zealous health board officials.

Now it develops that what has been set forth by medically controlled health boards as a means of cutting down the mortality from the disease, in reality, increases it.

This is brought out in an article published in the *British Medical Journal* and republished as an editorial in *The Canadian Medical Association Journal*. It gives the results of a critical review on the influence of sanatorium and dispensary treatment in pulmonary tuberculosis published in the *Annals of Eugenics* in which it was held that "the sanatorium treatment as contrasted with the other forms of treatment, was found to be associated to a significant degree with inferior progress."

Following is a copy of the article above referred to:

**From The Canadian Medical Association Journal, Toronto,
October, 1926, p. 1253**

ON THE VALUE OF THE SANATORIUM TREATMENT IN TUBERCULOSIS*

"Within recent years several investigations have been carried out with the view of determining the value to the tuberculosis patient of treatment in a sanatorium. The method adopted has been to trace the after histories of cases of tuberculosis treated in institutions and compare the mortality of such with

* *Brit. Med. Jour.*, August 29, 1926, p. 397.

similar patients not so treated, and with the mortality of the general population as shown by a life table. An inquiry of this nature was carried out in 1910 on data derived from the Adirondack Sanatorium. Later, a similar inquiry was made from data obtained from the sanatoria at Midhurst, Frimley, and Bradford in England. The results obtained from these investigations as published in the reports of the Medical Research Council may possibly have been too optimistic. Quite recently a critical review on the influence of sanatorium and dispensary treatment in pulmonary tuberculosis has been published in the *Annals of Eugenics*† and the facts as stated in it are noteworthy.

“While there has, for some time, been doubt in the minds of many persons as to the amount of real and permanent benefit to be obtained in this disease from sanatorium treatment, it has always been affirmed that the educational value of such treatment was considerable, as the patients were taught the principles of a more correct mode of life which, of itself, had a good effect upon their subsequent progress; an education, also, which might be expected to lessen greatly the spread of the infection. The review is based on an exhaustive study of the first 2,794 consecutive cases of pulmonary tuberculosis brought under the survey of the Belfast Tuberculosis Dispensary from 1914 onwards. All the cases were examined, in the first instance, at the dispensaries, and those in which sanatorium treatment was thought to be desirable were recommended for treatment in the sanatorium. Patients who only received dispensary or domiciliary treatment are described as ‘otherwise treated.’ Progress was estimated at the end of every three monthly period from the date of the first visit until the patient was dead, or lost sight of or, until six years had elapsed. To establish a legitimate comparison, allowance was made for whatever factors entered into the selection of each case when recommended as either a sanatorium or dispensary patient. The authors state that as impartial workers they entered on the research in the belief that proof of the ultimate benefit of sanatorium treatment would emerge from it. That this expectation was, in a measure, disappointing will appear from the following conclusions:

“The average ultimate progress was undoubtedly worse in the “sanatorium treated” than in the case of the “otherwise treated” for patients first seen in the incipient stage, but was not significantly different for patients first seen in the two advanced stages.

“With every possible correction made for factors likely to influence progress, the sanatorium treatment as contrasted with the other forms of treatment, was found to be associated to a significant degree with inferior progress. The correlation method also proved the absence of any relation between length of stay at the sanatorium and ultimate progress, but on the other hand indicated an appreciable relation between regularity of dispensary treatment and progress.

“There was no consistent evidence that bad housing conditions, as judged by rent, class of house, state of cleanliness of rooms, or overcrowding, had any influence on the patient's ultimate progress or rate of recovery.’

“The only explanation of this unexpected state of affairs that suggests itself to the authors is that the depressing psychological effects of a long period of enforced idleness in the company of patients similarly affected may in the bulk

† The influence of sanatorium and dispensary treatment and housing conditions on pulmonary tuberculosis, by F. Stocks, M.D., D.P.H., assisted by M. Noel Karn, *Annals of Eugenics*, vol. I, parts III and IV, April, 1926, pp. 407-454. Cambridge: The University Press.

of cases counteract or even outweigh the benefits arising from other factors, and that the continued effort to 'carry on' at home may help in itself towards a mastery of the disease. The authors complete their memoir by stating that if their conclusions are sound it would be well to consider (1) whether the great inconvenience to themselves and their families inflicted upon many cases of phthisis by sending them as a routine procedure for long periods to sanatoriums is justified by the results, and (2) whether the sanatorium treatment should not be reserved for those in whom an unusual form of onset (for example, haemoptysis) has made a very early diagnosis possible, those who are so ill as to require hospital treatment, or those whose circumstances demand their removal from home."

States Expend Approximately \$24,906,300 for Their Tuberculosis Activities

Some idea of the enormous expenditures now being made by the States for their tuberculosis activities may be gained by the following data contained in an article published in *Public Health Reports*, January 16, 1942, page 87: (These expenditures do not include the funds available for tuberculosis activities under general appropriations nor do they include funds expended privately such as the moneys received from the sale of Christmas seals.)

State or Territory	Approximate total annual expenditure for tuberculosis activities desig- nated as such
Total	\$24,906,300
Alabama	122,100
Arizona	73,500
Arkansas	648,200
California	751,300
Colorado	64,900
Connecticut	1,541,500
Delaware	197,600
District of Columbia	664,400
Florida	332,100
Georgia	213,400
Idaho	24,600
Illinois	1,600
Indiana	178,200
Iowa	294,100
Kansas	319,300
Kentucky	150,000
Louisiana	140,400
Maine	485,500
Maryland	723,700
Massachusetts	1,995,100

State or Territory	Approximate total annual expenditure for tuberculosis activities design- ated as such
Michigan	2,724,600
Minnesota	762,700
Mississippi	198,200
Missouri	659,100
Montana	182,000
Nebraska	90,200
Nevada	(a)
New Hampshire	156,700
New Jersey	1,281,400
New Mexico	52,100
New York	1,701,800
North Carolina	459,400
North Dakota	227,700
Ohio	122,800
Oklahoma	295,200
Oregon	334,600
Pennsylvania	1,420,800
Rhode Island	462,000
South Carolina	252,000
South Dakota	182,900
Tennessee	81,400
Texas	546,200
Utah	78,200
Vermont	122,900
Virginia	798,300
Washington	401,500
West Virginia	610,900
Wisconsin	958,400
Wyoming	37,100
Alaska	8,700
Hawaii	469,000
Puerto Rico	306,000

How Children In Public Institutions Have Been Used As Guinea Pigs for Tuberculin Experiments

Orphanages and foundling institutions were never intended to supply physicians with clinical material for medical experiments. But that such is being done in certain institutions is revealed in an article entitled "Quantitative Studies of the Tuberculin Reaction"

in *Public Health Reports*, May 23, 1941 and in a subsequent article on the same subject in *Public Health Reports*, December 19, 1941.

The first article reveals that "The original group tested consisted of 553 white children residing in an orphanage in Ohio." Another group consisted of 32 infants under 6 months of age; 65 children aged 6 months through 3 years; and 19 children aged 4 through 6 years, all of whom were residents of two foundling homes. Other groups consisted of persons in an institution for the insane, antituberculosis camps, etc. and institutions for the treatment of tuberculosis. The children in the orphanage were again used for the patch test study six months later.

The general plan of the first study was to test the members of several different population groups, employing a graduated series of increasing concentrations of tuberculin. Thus, all of the persons in a particular group were tested initially with an exceedingly dilute concentration of tuberculin. Those who did not show a reaction to this test were retested 4 days later with a more concentrated solution. Those who still failed to have a reaction were tested again with a higher concentration. Twelve doses of tuberculin were employed, all groups receiving each of the last six tests. The concentration of tuberculin increased ten times with each succeeding test.

Tuberculin Testing Should Not Be Tolerated in the Public Schools or Other Public Institutions

Tuberculin testing should not be tolerated in the public schools or in other public institutions for the following reasons:

1. The test is unreliable, and casts suspicion of tuberculosis upon large numbers of healthy persons.
2. It creates illness instead of preventing it.
3. Physicians differ among themselves whether the positive reactors or the negative reactors are more likely to contract tuberculosis in an active form.

The article in *Public Health Reports*, May 23, 1941, reveals that a definite percentage of persons who are negative to the first test dose will react to the second test dose, and that the percentage of positive reactors varies from 0.2 per cent to 96 per cent according to the concentration of tuberculin in the preparation used. It says:

"It is well known that a definite percentage of persons who are negative to the first test dose will react to the second test dose. . . .

"It is seen that in this group of children the percentage of reactors to tuberculin is directly related to dosage, since with proper selection of dosage any desired percentage from 0.2 per cent to 96 per cent would be obtained."

In a discussion of the so-called "patch test" the article in *Public Health Reports*, December 19, 1941, brings out that the patch test was negative in 5.7 per cent of those found positive by the tuberculin test and that it was positive in 7.4 per cent of cases in which the tuberculin test was negative. It also brings out that identical tuberculin tests may be positive on one arm and negative on the other arm. It says:

"Among a total of 612 children tested, of whom 123, or 20.1 per cent, were positive to 1/10,000 mg. or less of PPD intracutaneously, the patch test was also positive in 116, or 94.3 per cent. This means a loss of 5.7 per cent of those whom, in the light of our earlier findings, it is desirable to detect. In addition, the patch test was positive in 36 out of 489, or 7.4 per cent, of those who failed to react to the 1/10,000 mg. dose of PPD. It is thus evident that while the total error of the particular patch test used may appear sizeable—6 per cent 'missed' and 7 per cent 'extra' reactors—its importance depends upon the size of errors inherent in the method of testing. For example, in another series of observations on the intracutaneous test, in which identical doses of tuberculin were given to an individual in both forearms at the same time and by the same technique, it was found that, for doses of about the level used here (1/10,000 mg.), a negative or doubtful reaction occurred in one arm while a positive reaction occurred in the other arm in 3.3 per cent of the cases. It is to be emphasized that this result was obtained by employing *the same dosage of tuberculin from the same syringe in the two arms of the same individual*. It is thus evident that there is a sizeable error in the intracutaneous technique itself. That much greater variation occurs when larger doses of tuberculin are used in the two arms has appeared in our experience and has also been reported by Paretzsky (3). If several different tuberculin products are used intracutaneously, even in both arms of the same persons at the same time, still larger variations are found (4, 5)."

The article in *Public Health Reports*, May 23, 1941, defines the term "positive reaction" as "a reaction with an area of edema (induration) whose average diameter measured 5 mm. or more at the time of the 48-hour reading. A reaction consisting of erythema only was considered negative, irrespective of size."

Obviously the introduction of a foreign product of this kind into healthy children is not a harmless procedure.

Physicians Groping in the Dark About How to Prevent Tuberculosis

The *American Journal of Public Health*, September, 1938, gives the following review of an article by J. A. Miller entitled "Some Unsolved Problems of Tuberculosis," published in *The Journal of the American Medical Association*, July 9, 1938:

"Because many are infected but only a few contract tuberculosis, a host of questions are raised. So many in fact, that the author doubts whether the antituberculosis measures now employed may certainly be assumed to be sufficient to solve the problem. A usefully disturbing paper."

That physicians and health officials are groping in the dark about how to prevent tuberculosis is revealed in the article by Doctor Miller above referred to.

"Opinion is sharply divided as to whether it is better to face the vicissitudes of life with a positive or a negative reaction to tuberculin," says Doctor Miller, and adds:

"If the former, is it better to receive the infection early in childhood or late in adult life? If the latter, what is the danger of contracting an acutely virulent type of tuberculosis rather than a more benign chronic type? On these points also opinions differ."

Doctor Miller states **"that a large majority of all people are infected and yet only 1 or 2 per cent of adults contract phthisis."** The question might well be raised therefore why the United States Public Health Service isn't satisfied to let workmen who **"feel swell"** continue to feel that way without preparing circulars for distribution in factories telling the workers that **"Tuberculosis is caused by a germ"**; that the germs **"don't make a noise when they go in"**; that **"they don't bite,"** and that they **"don't turn on a red light."**

Doctor Miller also warns that **"it may well be that the future holds unwelcome possibilities not visualized by those who consider that the goal would be in sight if the methods which appear adequate according to our present knowledge were thoroughly applied."** The following extracts are also from the paper by Doctor Miller:

"A critical analysis of the situation, however, reveals the somewhat disconcerting fact that while the very extensive researches have undoubtedly greatly increased knowledge, they have at the same time raised up many previously unsuspected problems concerning which there exist uncertainty and wide differences of opinion."

"As some of the still unsolved problems concern the fundamental concepts of the pathogenesis and epidemiology of the disease, and as permanent control of tuberculosis depends on the soundness of such concepts, it seems desirable to review some of the disputed questions in the interest of progress in thinking, even though it be at the expense of complacency."

"When one begins to look for them, one finds so many of these problems that it is impossible at this time to attempt the discussion of more than a few of those which are of especial interest and importance. . . ."

"I have touched on only a few of the problems of tuberculosis which are still unsolved. It would appear obvious that the campaign must be based on accurate scientific knowledge and that this is still lacking in some important particulars."

Consequently it would be a mistake to assume that the methods now employed are certainly sufficient to solve the tuberculosis problem. They must change in the light of new knowledge, and it may well be that the future holds unwelcome possibilities not visualized by those who consider that the goal would be in sight if the methods which appear adequate according to our present knowledge were thoroughly applied."

What a Leading Medical Journal Said About Avoiding "The Useless Expenditure of Large Sums of Money on a Mere Theory Unsupported by Evidence."

The Journal of the Iowa State Medical Society, while it did not favor that we discontinue "reasonable efforts to lessen tuberculosis because it is not quite clear that they are useful in accomplishing the elimination of tuberculosis," it did take the position that we should "avoid the useless expenditure of large sums of money on a mere theory unsupported by evidence."

Following is a copy of the editorial in *The Journal of the Iowa State Medical Society*, Des Moines, Iowa, March 15, 1923, p. 109:

"Decline In Tuberculosis

"The decline in tuberculosis has led to a discussion as to the factors responsible for this decline, or as the *Literary Digest* put it, 'Who Killed Cock Robin?' For several years an active propaganda has been carried on and we have had many assurances that the rather rapid decline in tuberculous disease is due to the campaigns of education, and men having more or less knowledge of tuberculosis have been sent out at a considerable expense to the state and welfare associations to talk to the people about tuberculosis.

"Thinking men and well informed men began to entertain doubts as to the claims made. It was easily discovered that the incidence of tuberculosis was rapidly declining before the anti-tuberculosis crusade started, and many authorities on this disease doubt if the anti-tuberculosis propaganda had any real influence in lessening the frequency of the disease.

"In a book recently written in part by Professor Claxton Gittings of the University of Pennsylvania it is stated that from the figures of the Registrar General's report it is shown that in England since 1865 the decline in tuberculosis has been almost constant. 'From that date until the present, the actual decline has amounted to 20 per cent and the relative decline in proportion to the increase in population has amounted approximately to 50 per cent. As this diminution in the death rate began almost twenty years before the discovery of the tubercle bacillus and almost forty years before the growth of the sanatorium movement, it is clear that it is owing to causes other than the anti-

tuberculosis crusade of the last two decades.' Dr. Karl Pearson points out the decline in England was much less rapid in the period from 1895 to 1910 than in the period from 1847 to 1895.

"Dr. Emerson has gone into this subject in a recent number of the *A. M. A. Journal* to substantially the same effect. We must, therefore, look for other causes than antituberculosis crusades for the decline in tuberculosis. Probably the most potent cause for this decline is the better housing and better living among the working classes in industries. This has been made possible by the increased wages. We must also take into account the better sanitary and hygienic conditions under which we live, in their effect on the general health. Even these conditions are not enough to explain the decline in tuberculosis. There are questions of acquired or inherited immunity, virulence of the bacillus and other questions for scientific study.

"Even if some of our pet notions in regard to the decline of tuberculosis have received a severe shock on investigation, we should not discontinue reasonable efforts to lessen tuberculosis because it is not quite clear that they are useful in accomplishing the elimination of tuberculosis, but at the same time avoid the useless expenditure of large sums of money on a mere theory unsupported by evidence. It is as clearly the function of the State to provide institutions for the treatment of tuberculosis as for the State to provide for the treatment of epileptics or the insane. Tuberculosis, epilepsy and insanity are diseases, and the duty of the State is as clear in one instance as the other.

"As we see it, one of the obligations of organized medicine is to provide for the welfare of the profession by extending its usefulness as doctors of medicine and promote the highest sense of public duty as physicians and citizens."

Decline in Tuberculosis Mortality Not Limited To Those Areas in Which Vigorous Control Measures Have Been Carried Out

Before launching into a program for the x-raying or tuberculin-testing of everybody consideration should be given to the fact that the decline in mortality from tuberculosis has taken place in areas where no vigorous control measures were carried out. The following extract is from an address by W. H. Frost, M.D., F.A.P.H.A., Professor of Epidemiology, School of Hygiene and Public Health, Johns Hopkins University, Baltimore, Md., published in the *American Journal of Public Health*, August, 1937:

"There are, however, many and sound reasons for doubting that the general and rapid decline of tuberculosis during the last 50 years has been due *principally* to the measures which have been taken for the specific purpose of preventing infection. To mention only a few of these reasons: it is readily apparent that even in areas best provided with sanatorium facilities the isolation of open cases of tuberculosis is far from complete. Also, as has often been pointed out, the decline in mortality is not limited to those areas in which vigorous control measures have been carried out and when studied broadly shows no clear correlation with the extent of these measures."

Calls Early Diagnosis Campaign Ambiguous

Referring to the "Early Diagnosis Campaign," B. P. Potter, M.D., Secaucus, N. J., in an article published in *The Journal of the American Medical Association*, May 8, 1937, says:

"The early diagnosis campaign is, to say the least, ambiguous. If by it one means to imply that the physician should detect under ordinary circumstances tuberculosis in its early stages more often than he does, one demands of him what past experience has shown is not possible. It is the universal experience of competent internists and phthisiologists that physical signs in minimal and early moderately advanced disease may be entirely wanting or so indistinct as to give no clue of the presence of pulmonary changes. Added to this fact is the observation that complaints, objective or subjective, often parallel the physical signs in the latency of their appearance. In other words, assuming that the patient consults the physician soon after symptoms manifest themselves and that the physician in turn is alert enough to think of the presence of tuberculosis, the disease by that time has already passed its early phase in most cases."

The effect of striving after new signs for the early discovery of tuberculosis is brought out by George E. Bushnell, M.D., Colonel, U. S. Army (Retired), in an article in the *Journal of the American Medical Association*, March 9, 1918. He said:

"For some years it has been the aim of many writers on the diagnosis of tuberculosis to discover signs which should reveal the presence of tuberculosis at a much earlier date than was possible by resort to the commonly recognized signs of that disease. This was based on the theory that a very early diagnosis would lead to more speedy and certain cure. This striving after new signs, or this giving of a new significance and weight to signs formerly regarded as unimportant or overlooked entirely, has not been peculiar, by any means, to the profession of the United States. . . .

"Early in the war it was reported, on the authority of Landouzy, one of the most prominent of French physicians, that during the first year of the war 86,000 soldiers were discharged from the French army on account of tuberculosis. . . . Major Rist examined various groups of men sent back from the front with the diagnosis of tuberculosis, and found the disease present in less than 20 per cent of the cases. Blumel, in Germany, also has reported that of cases supposed to require sanatorium treatment, examined by him, less than 20 per cent had active tuberculosis."

"In incipient tuberculosis the x-ray as often leads us wrong as right," according to Doctor Cabot. In the tenth edition of his book *Physical Diagnosis*, p. 297, 1930, Doctor Cabot is quoted as saying:

"Many radiologists believe that they can detect the presence of tuberculosis in the lung by radioscopy at a period at which no other method of physical examination shows anything abnormal, but postmortem results rarely in my experience support this belief. In incipient tuberculosis the x-ray as often leads us wrong as right."

Use of Tuberculin Test Stigmatizes One-Fourth of Children for Life

In Detroit, 16,042 school children, constituting 67 per cent of the total enrollment, were subjected to the tuberculin test during 1929, 1930 and 1931. Of these thirty-two per cent of the high school pupils and 19 per cent of the grade pupils were said to show a "positive tuberculin reaction," according to the *Bulletin of the Detroit Department of Health* for January-March, 1932.

In other words, an average of one child out of every four is compelled to go through life under the stigma that if he does not already have tuberculosis in active form, he is in danger of developing the disease.

Questions Wholesale Tuberculin Testing of School Children

Referring to the tuberculin testing of school children, B. P. Potter, M.D., in an article in *The Journal of the American Medical Association*, May 8, 1937, previously referred to, says:

"It is appropriate at this point to consider the value of the wholesale tuberculin testing of children as a case finding procedure. Even the most ardent supporters of this method admit its uselessness in grade school children. Attention has therefore been shifted to the high school groups, but even here there is controversy. Let us examine the facts and try to come to some tentative conclusions with regard to the attitude that should be taken. In the vast majority of instances children in various high schools were tuberculin tested and roentgenograms of the chest were taken of the positive reactors. Those who failed to react to tuberculin were properly considered to have had no infection but improperly dismissed from further consideration. Even the positive reactors, unless they showed active primary or secondary infections, were not always followed further.

"What has been the result? Sporadic cases of tuberculous disease have been recorded, but, on the whole, in such an insignificant number of thousands on thousands examined as to cast serious doubt in the minds of the original advocates of this procedure as to its practicality. In other words, it is being questioned whether those entrusted with public or private funds that could be used to more profitable advantage are justified in utilizing them in consideration of the meager returns. . . ."

Dangers In Use of Tuberculin Test

In a book entitled *Pulmonary Tuberculosis*, published in 1916, Maurice Fishberg, M.D., then Clinical Professor of Tuberculosis, New York, said:

"The subcutaneous tuberculin test is not without dangers. When carelessly

performed with excessive doses, latent or quiescent lesions may be flared up into activity. Recently L. Rabinowitsch, Bacmeister, Leo Kessel, and others have shown that living and virulent tubercle bacilli may appear in the blood after an injection of tuberculin. In some cases it has been observed that hemoptysis is provoked by the test, and all agree that it must not be given during or soon after a pulmonary hemorrhage. In general, the reaction consists essentially in a transient toxic injury to the body, and the nervous system bears the brunt of the traumatism.

"It has also been found dangerous in cases of heart disease, arteriosclerosis, nephritis, diabetes, etc. In epileptics it has been observed that the reaction may provoke convulsions. Even Bandelier and Ropke say that it is contra-indicated when miliary tuberculosis is suspected, 'since its downward course might be accelerated.' Sahli, who uses tuberculin for therapeutic purposes extensively, says: 'The use of tuberculin for diagnostic purposes, ought to be condemned. It is unreliable both positively and negatively. Diagnostic injections are dangerous.'"

In a paper read before the Section on Hygiene and Sanitary Science of the American Medical Association, Chicago, June, 1908, Drs. Frank Smithies and R. E. Walker have this to say:

"The application of any tuberculin test is essentially the introduction into an organism of a substance which is foreign to it. This foreign substance is in effect a poison, whether it be introduced by the subcutaneous, the cutaneous, the inunction, the rhinologic, the pharyngeal or the conjunctival routes. The manifestation of the body's defensive powers constitutes the tuberculin reaction, modified for the form of application of the test. It may be stated then, that improperly controlled, whether as regards amount, time, class of patient or method of application, all tuberculin tests are capable of producing harmful results."

Luebeck Disaster Puts End to Experiments With B.C.G. Vaccine

The Weekly Bulletin of the New York City Department of Health for May 31, 1930, contained a four-page article appealing to physicians to assist in the accumulation of a large group of babies for trying out the B C G Vaccine. The Department of Health had tried the serum out on 250 babies and stated in its *Weekly Bulletin*, April 12, 1930, that it was desirous of increasing "the number of vaccinated babies because many are waiting for the Health Department's estimate of the value of the vaccine." It also stated, "We are anxious to have referred to us the names and addresses of families where the tuberculous member has a positive sputum and where there is a baby under two years of age, or a new baby is expected. . . ."

But in Luebeck, Germany, a total of 246 infants were vaccinated with the B C G Vaccine and of these thirty-seven infants were reported

as having died and many more were seriously ill. *The Journal of the American Medical Association*, June 14, 1930, and the *London Lancet* contained lengthy accounts of the Luebeck disaster.

The Luebeck disaster soon put an end to experiments in the United States with the B C G Vaccine.

Tuberculin Instilled Into Eyes of Babies In 1910 Resulted in Wide Public Protest

From 1908 to 1910 a number of experiments were carried on in which tuberculin was instilled into the eyes of babies in certain institutions. *The New York Herald*, April 18, 1910, contained a lengthy Philadelphia dispatch together with pictures of four children who suffered most from tests made upon the eyes. It said:

"As the result of investigations made by the *Herald* in this city, it has been revealed that 160 children, inmates of Blockley, the great Philadelphia hospital, and of St. Vincent's Home for Orphans, mostly very young children, and even babies less than a year old, have been used as human 'material' for purposes of experimental research by physicians of the William Pepper Clinical Laboratory of the University of Pennsylvania.

"After these experiments were concluded, it was announced by the physicians in the *Archives of Internal Medicine*, published by the American Medical Association, that the results were such as to render part of the practices unjustifiable in medicine, it being admitted that on beginning the tests the experimenters had no knowledge of the serious results their use entailed.

"It is admitted that permanent disturbance of vision was sure to follow in one of the experiments practiced upon an orphan, and that one test, if pursued, might lead even to the destruction of the eyesight."

At the Sixth International Congress on Tuberculosis, September 28 to October 5, 1908, Dr. Edward R. Baldwin of Saranac Lake, N. Y., referred to 1,087 conjunctival tuberculin tests and L. Emmett Holt, M.D. reported upon 1,000 tuberculin tests, the ophthalmic test being made 615 times.

Attention is here directed to a communication by Honorable Marion G. Woodward, Judge of the Superior Court No. 3 of San Joaquin County, California, published in the Appendix hereto. In this communication Judge Woodward gives his reasons why he refused to adjudge a minor a ward of the Juvenile Court in order that she might be compelled to accept hospitalization in a tuberculosis sanatorium.

APPENDIX TO CHAPTER V.

Says Persuasion and Education Are the Indicated Procedure
Reprint of Article Published in the *American Journal of Public*
***Health and The Nation's Health*, May, 1944, p. 532.**

"COMPULSORY TREATMENT FOR TUBERCULOSIS

"Dr. William P. Shepard, Welfare Division of the Metropolitan Life Insurance Company, San Francisco, has called to the attention of the Managing Editor, 'an amazing and educational document which deserves wider dissemination.' Dr. Shepard has secured the permission of the author, Honorable Marion G. Woodward, Judge of the Superior Court No. 3 of San Joaquin County, Calif., to publish the letter.

" 'My purpose in calling it to your attention,' writes Dr. Shepard, 'is that so many health officers, some of them lacking in experience, are so inclined to resort to compulsion when persuasion and education are the indicated procedure. Persuasion and education take so much more time and effort and are not always 100 per cent successful. Nevertheless, many health officers of my acquaintance at least do not appreciate the viewpoint expressed by Judge Woodward.'

"December 24th, 1940.

"Dear Sir:

"Your letter of the 17th, informing me of the death of Miss — — — —, a minor whom I refused to adjudge a ward of the Juvenile Court in order that she might be compelled to accept hospitalization, and taking me to task for failure to 'cooperate,' has been received.

"It would serve no useful purpose to suggest the impropriety of your letter. The point of view behind it, however, interests me. Were it not for the fact that individual rights are being ruthlessly subordinated to the State the world over, I should be quite startled by the subtle implications of your language. But regardless of my personal reactions, the letter indicates that you have not considered the broader aspects of the problem.

"First of all, I must point out that the Superior Court is not a benevolent or educational agency which may be expected to 'cooperate' with community philanthropy or other worthy effort. Nor is it a Gestapo for dealing with those under-privileged members of society who have not caught up with our advanced standards and who often irritate us by their stupidity and lack of appreciation. On the other hand, the Court is a tribunal whose main function is to determine facts and declare the law applicable thereto. It is not at all concerned with the consequences of its official acts, nor has it any cooperative or other connection with the undeclared policymaking power of the State. This does not mean that judges themselves are always in personal accord with their judgments and decrees, or are unmindful of the fact that perhaps better social results could be obtained had a particular decision been different.

"In the — — — — case the young woman was not referred to 'my court' for aid as that word is ordinarily understood. She had been living at home with her widowed mother and had violated no law. She was, therefore, neither a delinquent nor a dependent. Her home, it may be admitted, was humble and probably contained little more than the bare necessities of life; but she was happy and contented there and desired to remain, and her mother and brother wished her to do so. This being true, the petition for making her a ward of the Juvenile Court was somewhat of a subterfuge, although the broad language of the statute could have been made to fit the situation had I wished to avail myself of it.

"The 'aid' sought from me, in my official capacity, was a coercive order, requiring the mother, against her will and without her consent, to place the girl in the — — — — Sanatorium. In other words, the health authorities finding no necessity for quarantine measures, which, in many cases, may be resorted to when the public health is endangered, and discovering no law requiring the compulsory isolation of tuberculosis victims, thought it would be quite appropriate if the Juvenile Court would intervene and, under its wide discretionary powers, apply the necessary force. I declined to do so and have no apologies to make for the decision. Parenthetically, it may be observed that procedures of this kind are almost invariably directed against illiterate and poverty-stricken individuals who must dumbly accept all official up-lift invasions of their private rights because they have neither the means nor, in many instances, the intelligence to resist.

"The problem then has several aspects. You approach it from the humanitarian side, which is always a worthy approach and one that cannot lightly be brushed aside.

"As an expert in a highly specialized field, you know that tuberculosis, one of mankind's greatest enemies, can best be treated in a well equipped and properly located sanitarium. Quite naturally you have little patience with a sufferer who fails to perceive so obvious a fact; and, from your letter, I gather that you likewise have little patience with a judge who apparently disregards scientific truth and, with a great show of obsequiousness to the rabble, sends a tuberculosis victim home instead of placing her in a hospital.

"I do not wish to be too critical of this viewpoint, but I insist that there are other factors to be considered, especially if one is charged with any sort of governmental responsibility. I am well aware of those borderline cases where parental ignorance comes into conflict with recognized medical standards and where the hazard is more individual than public. And I am always sorely tempted to *do what I personally know will be best for the individual* even though there is some violation of personal rights. In some of these situations it seems fatuous to talk about personal rights. On the other hand, the most of us think and act, as the late Justice Cardozo once pointed out to the law students of Yale University, as our class thinks and acts; and, once we have arrived at an opinion with respect to what is good for others, we rather like the idea of giving it the force of the law. In the Juvenile Court this thought is constantly uppermost in my mind. The hearings are held behind closed doors and the persons involved are not only helpless but seldom represented by counsel. How easily then the Juvenile Court could degenerate into a star chamber proceeding with the judge imposing his own particular brand of culture and morals on indigent people—all under the guise of an extraordinary emergency!

"Under our form of government the family is the unit of society and the relation of parent and child should not be judicially disturbed unless the family situation is intolerable according to minimum standards. Ordinary poverty is generally the excuse but it is not always a justification for interference. And the same may be said for illiteracy. In other words, a poverty-stricken illiterate does not necessarily by that fact alone, forfeit the natural right of being the head of his family and making decisions for his minor children. These decisions are not always wise, and I have already said, there are many occasions when I am sorely tempted to override them and make the decision myself. The law is broad and these invasions of personal liberty can always find justification in the fact that a benefit is to be conferred on the recipient.

"It should never be a question of what a judge has the *power to do* under broad statutes and conflicting legal precedents, but what he *ought to do*, keeping in mind always the entire picture of personal rights and their historic background. In recent years we have seen whole populations abroad yield to the seduction of paternalism, with its promises of prosperity and a better life, only to be ruthlessly exploited and persecuted. We do not want the lust for power which is now dominating the minds of so many little men, to wreck our heritage of freedom and individual initiative. To this end judges cannot approach any problem, even that of providing medical care for the indigent, without being alert to fundamental rights. Because a thing is good for an indigent does not always justify the application of force. If we could speak with absolute finality as to what is good and what is bad perhaps the end would often justify the means. But we cannot do this.

"When a child needs medical or surgical care and is without parent or guardian, as often happens, I am only too glad to furnish the necessary consent. But when a parent, because of ignorance, opposes a particular method of treatment for his child, I do not always feel that I am justified in using compulsion, although I find myself out of sympathy with his viewpoint. Such was the case with the — — — family. One child had previously died after hospitalization and the illiterate mother believed that — — — would also die if sent away from her home. You may rest assured that I did not overlook the possibilities of this situation. Because our Juvenile Court sessions are quite informal, I spent the greater part of an afternoon trying to persuade the mother and the girl to accept the medical advice which had been given them. I pointed out the advantages which your splendid sanitarium offered and also the probability of death if the girl remained at home, but I could not penetrate the stupidity and superstition of these people and the session ended with considerable unpleasantness. I did, however, respect their rights and I would do the same again.

"Of course, as you must know, I am under no obligation to justify or defend any decision I may be called upon to make. I thought, however, you would appreciate this viewpoint which I have developed at too great a length.

"Wishing you continued success in your work, I am,

"Very truly yours,

_____"

CHAPTER VI.

FASCISM THROUGH COMPULSORY MEDICAL LEGISLATION

Since the outbreak of World War II hundreds of physicians representing Governmental health agencies and medical societies, labor leaders, public officials and representatives of the Selective Service System have appeared before a Congressional committee to state their views about the health of the Nation.

The occasion for this trek to Washington to discuss the health of the Nation was the attempt by interested groups to seize upon the medical statistics of the Selective Service System as an argument for a nationwide system of health centers with private offices for the physicians of the community and as an argument for compulsory health insurance. Contributing thereto was the question of determining the effect upon the medical care provided for civilians of transferring such a large number of physicians to military service.

During the Seventy-Eighth Congress the United States Senate authorized an investigation of the educational and physical fitness of the civilian population as related to national defense. Hearings were conducted by a Subcommittee on Wartime Health and Education of the Committee on Education and Labor. At the close of the year 1944 the Subcommittee had taken 2176 pages of testimony. In January, 1945 the Subcommittee presented an Interim Report on Wartime Health and Education to the Senate Committee on Education and Labor. It also arranged for additional hearings.

Senator Claude Pepper, Chairman of the Subcommittee, is reported on p. 1976 of the hearings as saying to Doctor Heiser, "You no doubt already know that what primarily initiated the work of this committee and its establishment was the discovery of the great number of men rejected by Selective Service because of mental, moral, physical, or educational deficiencies, the same experience, generally, which we had with Selective Service in the last war."

Bureau in 1941 Revealed There Was No Cause for Alarm About Selective Service Statistics

In view of the alarm which interested parties have sought to create, and will continue to create, over the results of the Selective Service examinations, it is significant to note that on October 9, 1941 the

Citizens Medical Reference Bureau, Inc. addressed a communication to the late President Franklin D. Roosevelt in which it pointed out that the physical standards adopted by Selective Service were designed to meet military needs and that because a man was too tall or too short to be accepted into the armed services did not mean that he was ill. The letter reads:

"Referring to your announced study of the physical condition of the American people as disclosed by the medical examination of selectees, we respectfully submit the following observations why, in our opinion, the examination records of the Selective Service System prior to March 31, 1941 and published in *Public Health Reports*, May 9, 1941, indicate no cause for alarm about the health condition of the population generally.

"1. The rates of disqualification are an indication of how rigid the medical examinations are rather than a reflection of the health of the youth of the country. Improved diagnostic techniques, changes in physical standards, a different situation with respect to the immediate urgency for manpower, and many other factors enter in to invalidate comparisons.

"2. The fact that 8 per cent of all examined men, largely in the ages from 21 to 25, are being classified as not available for general military service by reason of tooth defects is in no way alarming. What this signifies to us is merely that in the exuberance of youth many persons might prefer to go to a ball game or attend a lecture in preference to sitting in a dentist's chair. In case of military necessity such persons could be accepted and provided with whatever dental care is needed to fit them for military duty. The same applies to approximately five per cent of persons who could probably be made fit for military duty if supplied with glasses.

"3. A large number of selectees may be classified as unfit for military duty who are reasonably healthy by ordinary civilian standards and capable of fulfilling the social and economic demands of normal life. We particularly have in mind persons who are classified as overweight or underweight; under-height or as having flat feet.

"Medical literature further points out that State Medicine would not prevent the rheumatic hearts which have kept a considerable number of young men out of training, for, so far, neither the cause nor cure of rheumatic fever is known. Neither would it banish many congenital deformities and traumatic defects for which reparative procedures have not yet been devised.

"In our opinion a steady fall in death rates is a far better criterion of the health status of the American people than are the examination records of the Selective Service. These examination records indicate about 28 per cent rejections from any military service, but if allowance be made for the many persons who are reasonably healthy for ordinary civilian standards the number of persons actually ill would be found to be exceedingly low.

"We further respectfully submit that the present-day expenditure by all official state agencies for health activities of approximately \$285,715,800 as revealed in a survey published in *Public Health Reports*, August 22, 1941,

and the additional funds provided by the Federal Government, are ample to take care of any situation arising from a study of selectees disqualified for military duty under the Selective Service Act.

"In support of our contention that there is nothing in the selective service rejection statistics to occasion alarm for the Nation's health, we respectfully direct your attention to the enclosed copy of an editorial entitled "Figures and Facts," published in *The New York Medical Week*, May 10, 1941, page 4.

"In view of your very great interest in the health of the Nation we trust that this letter may be brought to your personal attention at the earliest opportunity."

"Propagandists as well as liars figure; so it was perhaps to have been expected that interested groups would seize upon the medical statistics of the Selective Service System as an argument for State Medicine. Actually there is nothing in these figures either to occasion alarm for the Nation's health or to suggest that political control of medical care would better it," said *The New York Medical Week*, May 10, 1941, in an editorial entitled "Figures and Facts," referred to by the Citizens Medical Reference Bureau, Inc. in its communication to late President Roosevelt. The editorial in *The New York Medical Week* further reads:

"Comparisons between current draft statistics and those of the last war are bound to be erroneous because the standards of physical and mental selection are much more rigid today. Warned by the cost of pensions and veterans' medical services since 1918, the Government is seeking to bar potential as well as obvious misfits from the army now in training.

"Many physicians believe that some of the reasons for deferment are inconsequential from the practical viewpoint and that men are being rejected who could prove useful in occupations requiring limited physical activity. This is, of course, for the Army to decide; but it is safe to say that many of those refused as physically unfit are reasonably healthy by ordinary civilian standards and capable of fulfilling the social and economic demands of normal life.

"There has, it is true, been a substantial percentage of rejections because of physical deficiencies which cannot be dismissed as unimportant, but few of these can be attributed primarily to lack of opportunities for suitable medical care. State Medicine would not prevent the rheumatic hearts which have kept a considerable number of young men out of training, for, so far, neither the cause nor cure of rheumatic fever is known. Neither would it banish many congenital deformities and traumatic defects for which reparative procedures have not yet been devised.

"Rejections for insufficient teeth, defective eyesight and underweight are greatly to be deplored because in many cases the disqualifying fault could have been prevented. Here the remedy is public education rather than State-controlled therapy. More stress on proper nutrition, hygienic use of the eyes

and other organs; also, early recourse to medical and dental aid would do far more to improve the general level of health than the subjection of medicine to a politically dominated bureaucracy.

"On the whole, it may be said that the American youth of today compares favorably in all essential physical respects with his predecessors. If the percentage of military rejections seem excessive, it is because health standards are higher and diagnostic procedures more accurate than in the past. As Dr. Roger I. Lee, president-elect of the American College of Physicians, recently declared, there has been overemphasis on the relation of draft medical statistics to the general health of the Nation. 'A steady fall in death rates is an indication that the American people today are healthier than ever before.'"

Interpretation of Selective Service Data as an Index of National Health Challenged at Hearings

The following opening statement in the Interim Report of the Senate Subcommittee, previously referred to, is typical of the repeated references being made to the men classified as IV-F's:

"The Nation has been deeply impressed by the fact that approximately 4½ million young men in the prime of life have been found unfit for military service because of physical and mental defects. In addition, more than a million men have been discharged from service because of defects other than those sustained in battle. One and one-half million men now in uniform were rendered fit for service only through medical and dental care given after they were inducted."

The Interim Report, however, does state that the "Interpretation of the Selective Service rejection data as an index of national health was challenged at the subcommittee's hearings by representatives of the American Medical Association. They pointed out that the standards of physical fitness demanded for military service are considerably higher than those required for normal civilian activity."

The Interim Report also says:

"It would be wrong to conclude from the Selective Service rejection figures that we are a Nation of weaklings. Our enemies labored under that delusion, and they are learning their error the hard way. On the other hand, it is evident that we have no reason to be smug or complacent about the state of our people's health. We must ask, 'What do these figures mean?' and then, 'What must we do about it?'"

"It is clear that the figures do not reflect discredit on the men themselves. The great majority of them are the victims, not the villains, of the situation. Nor do the figures mean that the rejectees are unfit for participation in the war effort; in most cases they are serving honorably in war production or in some other necessary civilian activity."

Rejection Figures of Selective Service Not a Dependable Criterion of the Health of the Nation

As pointed out by Harvey B. Stone, M.D., Council on Medical Education and Hospitals, American Medical Association, the gross rejection figures include many thousands of cases with no health or medical significance whatever. The following paragraphs are from the statement by Doctor Stone, published in the hearings before the Subcommittee of the Committee on Education and Labor, September 18, 19, and 20, 1944, p. 1898:

"The rejection of a large number of draftees by the various examining bodies functioning under the Selective Service law, has attracted wide attention and has led to certain inferences and deductions that have also been widely publicized. Thus it has been argued that these rejections indicate a deplorable state of the general public health, and further that such an inferred prevalence of ill health is a reflection of inadequate, or incompetent or unattainable medical care. I believe that a careful appraisal of the facts does not warrant the drawing of such conclusions.

"In the first place, the gross rejection figures include many thousands of cases with no health or medical significance whatever. Rejections for illiteracy, for moral or legal reasons, such as a criminal record, or for doubtful loyalty or alien citizenship, fall in this category. Secondly, many thousands who were originally rejected, and who were counted in the rejection totals, were subsequently inducted, after changes in the standards for acceptability and reexamination. This leads to a third consideration which is more fundamental than any mere correction of the gross rejection figures. It may be stated that it is basically a mistake to assume that there is any close correlation between the fact that a person is rejected for military service and the state of his health as a civilian. The standards of acceptability for induction are set up by the military authorities with a view to securing persons suitable for a special form of life and activity. Large numbers of individuals who enjoy what is ordinarily considered good health, may fail for one reason or another to reach these standards. The standards themselves may be changed for military reasons, with consequent fluctuations in the number of rejections. For example, let us assume that war experience has led the military authorities to raise the lower limit of height to 5 feet 10 inches, and of weight to 180 pounds. There would be an immediate great increase in the number of rejections. Does anyone seriously contend that the health of the Nation would correspondingly deteriorate the day following the adoption of the new requirements? Yet this is precisely the reasoning adopted by those who see in the rejection figures of Selective Service a dependable criterion of the health of the Nation."

Selective Service Rejections Not Evidence of Inability to Secure Proper Medical Care

"The only thing that we do wish to call attention to is that in much of the publicity that has gone out it has been represented that it is evidence of inability to secure proper medical care. To that we would like to offer a correction," said R. L. Sensenich, M.D., Trustee of the American Medical Association, in his testimony before the Subcommittee. The following extracts are from a statement presented by Doctor Sensenich to the Subcommittee, p. 1891:

"The results reported are thought provoking. However, these factual limits must be recognized in considering the findings. An attempt to translate them into terms of the general health of the whole population of the country of all age groups, educational training and social status may lead to unwarrantable broad and misleading conclusions. The extent to which the Selective Service rejections may be used to determine the adequacy of medical service available to the registrants is very limited. Information, not contained in the general reports to the public of Selective Service or induction station examinations in many instances would point to the determining factors leading to rejection . . .

"It was estimated that approximately only one out of six were rejected because of remediable defects. It must not be assumed that because the defects were considered to be remediable that failure to have a possible correction was due to inability to obtain such medical service. More often failure is due to lack of interest or unwillingness to accept treatment to correct the condition. Less often it is due to ignorance of the importance of correction or failure to inquire if such service is available to the individual. There are numerous provisions for those unable to pay for medical service. Final failure to obtain needed medical care if it is sought rests generally upon failure of some agency of Government to carry out the purpose to which it is directed in assistance to those in need.

"The greatest significance in reports of rejections for the armed forces would seem to be in the notable lack of self-interest and effort to secure or maintain a high level of mental and physical fitness. Those without recognizable defects fail to observe even the simplest program of regulation or discipline directed to the maintenance of good health. Routines of living for purpose of hardening or attainment of physical vigor are often referred to only with contempt."

In its "Topics of The Times" column *The New York Times*, April 14, 1945, points out the effect upon American complacency of leaving out the word "military" and ending up by speaking of the American nation as 25 per cent physically unfit. It says:

"Obviously we might step up the social conscience even more successfully by saying, 'Only one American in ten thousand can really be said to boast of a proper physique,' and stopping right there. It will only encourage com-

placency to finish out the sentence so as to say that only one in every ten thousand Americans has a proper physique, 'taking the Apollo Belvedere as a standard.'

"This Nation's Health.—That second example of what we may call the missing conditional clause is no doubt considerably exaggerated. But in kind if not in degree it is in the same class with so many statements about the positively frightening percentage of American school children who suffer from physical defects, said 'defects' often consisting of troublesome tonsils, or a couple of tooth cavities or three pounds under weight. It applies, though in less degree, to the large percentage of men disqualified for military service, where the emphasis on 'military' is slighted and then entirely forgotten. We end up by speaking of the American Nation as 25 per cent physically unfit."

The Plan to Establish a Nationwide System of Health Centers and Medical Care

A description of the coordinated hospital plan proposed by Surgeon General Thomas Parran of the United States Public Health Service, which along with the rejection statistics of Selective Service, was the center of discussion at the Hearings before the Subcommittee on Wartime Health and Education, appears on page 1785 et seq of Part 5 of the Hearings.

The plan to make the citizen a member of a medical unit related to a medical center was outlined by Senator Claude Pepper at the Hearings, page 1920, as follows:

"... I am thinking in terms of a hospital system, which would include what you might call the regional hospitals, as Doctor Parran suggested at a previous hearing, and in addition to that you would have what might be called the ordinary hospital in the local area, and then, of course, there would be clinics around that, but in a given area the citizen would become a member of a medical unit related to a medical center. It would be operated and supervised and directed in accordance with plans which the several States, for example, with the approval of the Federal Government, might devise, and the citizen who made his or her payment for membership in that sort of an association, on a voluntary basis, would be entitled to complete medical, hospital, and dental care. If the amount necessary to insure sound operation of the program were too high to get the masses of the people to come in voluntarily and take advantage of the facilities, then the public authorities might supply the deficiency. In such a plan, it would seem to me, the things that the doctors primarily want to preserve might be preserved—the choice of the physician by the patient, when that is possible—and it would be a voluntary system.

"If a private citizen had adequate means, or had a preference for a private hospital, with a private physician and all private facilities, why, certainly, nobody would object. It would be only those who would choose to come into such a cooperative who would be members."

Objects to Introducing Agency Between the Physician and the Patient

Replying to questions raised by Senator Claude Pepper, R. L. Sensenich, M.D., Trustee of the American Medical Association, took exception to introducing an agency between the physician and the patient. Doctor Sensenich said in part:

p. 1920 "Let me compliment you, Senator, for I see that you are trying to arrive at something which will provide all these features. But despite the apparent desirability of that plan, as you have outlined it, it contains all the evils that have destroyed medical service in the insurance systems, for the simple reason that you have not yet said how you are going to compensate the doctor. Now, perhaps you are going to compensate the doctor as in the French system, for instance, where the doctor was paid this way: The Government advanced so much per call, we will say, so much per service, and acted as an insurance company would, on an indemnity basis. If the individual were ill and required treatment for 10 days and during that time he had to have so many calls, the physician who attended him would be paid so much out of the pool of funds.

"Now, the British system is quite the contrary. There the physician receives a certain amount per year, per name on the panel, and for that he is required to furnish all the medical care that the people on that panel may demand of him. Now, he carries insurance.

"Unless you clear that up, it is impossible to carry on, for the simple reason that you create a condition in which, while you say that the patient may select his own physician, no good physician will care for him, or any one else on that panel...

p. 1922. "I think you will agree, I have had to do with hospitals all of my medical years, which have been quite a few. There are good hospitals and bad hospitals. There are good hospital administrators and very poor ones. There are hospitals that give excellent medical service and some that give very bad service, and that is why we have to examine them and why some are accepted and registered and some are not, and some are standardized and others are not. But to empower that unit, no matter how selected, with authority to set up a system of medicine, even in its own community brings into the picture again an individual who has the say of who shall serve and who shall not serve, or of creating conditions under which no one will work. You have to bear in mind that by far the great majority of physicians would not accept employment, and would not practice under those conditions. We would have exactly what happened in Russia, where doctors were all employed by the State, and there was no question about the money that they got. You would find that the individual who wished to have medical services would quietly approach some doctor of his choice and say, 'Won't you come and take care of me?' But he is not in the set-up. He is not supposed to take care of that man.

"In other words, there is a personal selection in there that you can't have the minute that you introduce an agency between the physician and the patient."

Opposes Wagner-Murray-Dingell Bill

In his testimony before the Subcommittee on Wartime Health and Education John R. Boling, M.D., President, Florida State Medical Association, referred to the Wagner-Murray-Dingell bill and stated that if this proposed legislation comes about he would be directed by people, directors, whatever you want to call them, who will tell him whom he shall treat, what he shall charge them, what they shall pay, and that specialists will not be allowed, nor will patients be allowed choice of physicians. Doctor Boling, in replying to a question by Senator Pepper, said:

p. 2074. "You are far more familiar with the Wagner-Murray-Dingell bill than I, but I am not ignorant of it. I know that if this proposed legislation comes about I will be directed by people, directors, whatever you want to call them, who will tell me whom I shall treat, what I shall charge them, what they shall pay, and I say that specialists will not be allowed, nor will patients be allowed choice of physicians. You will immediately say the bill does allow choice of physicians. Well, it doesn't. It does allow choice of physicians up to a certain point in a particular area, and in regard to a particular group of physicians, but it doesn't allow that in the specialists' field. A patient can't say, 'I want Doctor Rowlett here,' if he is a specialist, which he is. It depends upon the man who is treating the case. That is in the Wagner-Murray-Dingell bill. That is a restriction, and I do not believe it will result in the best service of medicine.

"This bill is not without considerable expense in the care of people, and you yourself said yesterday that there is no one party or group who is the Government. It is the people who are the Government, and the people are the ones who pay. The Government gives no one anything. The people pay for it by taxation. You see, I pay and I receive, but the Government doesn't give it to me. . . ."

Personal Factors That Affect Health

A number of the speakers at the hearings on Wartime Health and Education referred to the personal factors that affect health. It was also pointed out that in most instances the individual cannot be forced to accept medical examinations or treatment.

Perry F. Prather, M. D., Hagerstown, Md., in his testimony before the Subcommittee said:

p. 2102. "I don't want to appear to be insistent, but the thought I want to get across is this: There are a host of diseases that I think are a result of what we call the American way of living, and I don't think any plan is ever going to help that a great deal. . . .

p. 2103. "I notice, in looking at your chart up there, that venereal disease is listed. That happens to be something I am very much interested in. You can appropriate a great deal of money to control venereal disease, but it won't do much good if you don't take into consideration a non-medical factor. Venereal disease is a medical problem, but in addition to that it is a socio-economic problem. If you appropriate so much money to control venereal disease, if you have an ideal set-up, a perfect set-up, given a community with a low rate of promiscuity, you will do pretty well, but given a community with a high rate of promiscuity, which is a nonmedical thing, your program isn't going to amount to a whole lot."

"A matter of greater importance, it seems to me, would be an out-standing lack of information and interest on the part of the individual. You can't force the individual to have an examination to determine whether he has a defect," said R. L. Sensenich, M.D., who added:

p. 1906. "As a consequence, many of the defects are found only at the time he is examined for service. In many other instances, he chooses to disregard a condition which he knows to exist, so with that in mind it would seem that many of the causes of rejection could be better approached from the standpoint of education, education not only to overcome illiteracy, but education to teach the individual to meet the ordinary stresses of life without developing an abnormal mental attitude. He should be taught to adjust to his problems. All of those things are for the educator. I won't attempt to delve into them. Much progress could be made in that direction, and lastly, of course, education into the possibilities of health and of retaining health, and the importance of doing the things necessary to be well are very important.

Leverett D. Bristol, M.D., Chairman, Health Advisory Council, United States Chamber of Commerce, brought out that "about nine-tenths of worker illness comes from causes outside the plant." He said:

p. 2007. "It is important to realize that, while plant hygiene and medical supervision of the worker is essential, about nine-tenths of worker illness comes from causes outside the plant. Industrial health, therefore, means community health and home health, and the industrial program is not complete unless it includes an impact on conditions outside the plant. For example, in the American Telephone & Telegraph Co., we had a health and nutrition course that extended into the homes of the employees, so that not only the employee, a man, perhaps, but the woman, or the one responsible for the preparation of meals and the lunch box, had the necessary information and knowledge."

Victor Heiser, M.D., Chief Medical Consultant, National Association of Manufacturers, also emphasized that "We can't order people to do things." He said:

p. 1977. "I should say that education is the basic thing which we must depend upon in a democracy. We can't order people to do things. We have to

persuade them that health is a good thing, and intensive health education is going to be very, very important. That will lead to all these other reforms we want to bring about, as I tried to say in my statement.

“An important factor now is that we will have to deal, in the future, much more with the individual, and get his consent and cooperation, than we have in the past, because we must deal with individual health.”

**Federal System of Medical Indoctrination Would Provide the
Machinery for Controlling the Minds and Bodies of the
People and Lay the Foundation for a System of
Fascism in America**

If all the proposals for extending medical education through the enactment of Federal legislation, which were recommended at the hearings before the Subcommittee on Wartime Health and Education, were carried out, they would provide the machinery for controlling the minds and bodies of the people of the United States and thereby lay the foundation for a system of Fascism in America. It is highly essential, therefore, that health education continue to be regarded as a local activity, where there is a check and balance against going to extremes.

Two groups would contribute substantially to controlling the minds of the people under a system of Federal medical indoctrination.

One group would be the thousands upon thousands of psychiatrists and psychiatric social workers to be trained and employed to determine the mental health of the individual.

Another group would be trained to work through the school, the church, the factory and the home, and in this way instruct the people what they should know about their health. An extension of the plan outlined by Perry F. Prather, M.D. before the Subcommittee, being carried out in Washington County, Maryland, to the country as a whole would provide the machinery for bringing this about. (No reflection is here intended upon the plan as it operates in Washington County, Maryland). Doctor Prather said, p. 2100:

“It is difficult to carry out an educational program that reaches everybody. Many people don't read and many people don't have access to books, magazines, and so forth, but the people who contact everybody at some time or another—the social case worker, the school teacher, and the minister—should be taught more about health. Institutions for training these people should have modern, up-to-date thorough courses in health education.”

A system of Federal medical indoctrination would provide a number of other weapons for regimenting the individual in addition to "education."

The health educator can always promise to wipe out a particular disease in three, five or ten years, provided the people carry out his program. Then if the disease continues to be prevalent he can always invent new promises for wiping out the disease.

And when all other methods fail to bring about the desired regimentation he may attempt to frighten the public into submission by staging a fear campaign.

That Doctor Prather was aware of the possibility of creating a Nation of neurotics and that the advice given may be inadequate and out-of-date if the program for health education was misdirected is indicated by the following extracts from his testimony:

"By educating the public I don't mean they should necessarily be told in minute detail all the various signs and symptoms of a particular disease. Such a policy would teach people to be too introspective and might create a Nation of neurotics. . . .

"I have a patient who is a junior in one of the Nation's largest, most up-to-date universities. Her classroom is in sight of a most modern medical school and hospital, yet she tells me that her course in public health and hygiene is inadequate and out of date. . . ."

The experience of Germany should serve as a warning against any system of indoctrination by which a small group of persons would be able to control the minds and bodies of the people of the United States. Also it is to be remembered that compulsory health insurance originated with Germany's "Iron Chancellor," Von Bismarck, in 1883.

Medical Society Protested Against Pauperizing Effect of Health Demonstration in Cattaraugus County, N. Y.

It is to be expected that a considerable number of physicians would welcome a program of Federal indoctrination which would result in "educating" the public to accept their services.

However, it is significant to note that many physicians have gone on record against any tendency to build up in this country an expensive and unwieldy health machine. Also they have pointed out that there are limits to the amount of money that can be spent with profit for public health and that public health work, like other public works, is ruled by a law of diminishing returns.

The Cattaraugus, N. Y., County Medical Society, in a resolution passed August 4, 1927, and published in *The Journal of the Michigan State Medical Society*, September, 1927, went on record "as desiring the withdrawal of the Milbank Demonstration from this county, and opposing any request for its continuation after the termination of this year."

The following paragraph is from the Report of the Committee on Public Health and Public Relations of the Cattaraugus County Medical Society, adopted August 4, 1927:

"We wish the Society to oppose any tendency to build up in this county an expensive and unwieldy health machine. We feel that there are limits to the amount of money that can be spent with profit for public health, and limits to the numbers in personnel which a county of this size should support. We feel that the farmers of this county, whom we recognize as its backbone, should not be asked to support the large number of public health nurses which they now, through State and county taxes, are supporting. We feel that public health work, like other public works, is ruled by a law of diminishing returns, and that increasing expenditures are not necessarily followed by corresponding increasing returns."

Fallacy of Slogan That "Public Health Is Purchasable"

In a series of lectures delivered at the Lowell Institute in Boston in December, 1920, published by J. B. Lippincott Company, Philadelphia, Professor Raymond Pearl of Johns Hopkins University gave diagrams showing the trend of death rates from 1900 to 1918 for four diseases, tuberculosis of the lungs, typhoid fever, diphtheria and croup, and dysentery against which public health activities have been particularly and vigorously directed as compared to the death rates from four diseases, bronchitis, paralysis without specified cause, purulent infection and septicemia, and softening of the brain, with which the health officer has had practically nothing to do and shows that the rates of mortality in the second group have declined and are declining just as did those in the first group.

Referring to the decline in the death-rate from tuberculosis of the lungs as compared to that of typhoid fever, diphtheria and croup and dysentery, he says:

"Remembering that the slopes are comparable, wherever the lines may lie, and that an equal slope means a relatively equally effective diminution of the mortality of the disease, we note that the death-rate from tuberculosis of the lungs has decreased slightly less than any of the other three. Yet it may fairly be said that so strenuous a warfare, or one engaging in its ranks so many earnest and active workers, has probably never in the history of the

world been waged against any disease as that which has been fought in the United States against tuberculosis in the period covered."

Dr. E. Macd. Stanton of Schenectady, N. Y., in an article in the December, 1924, number of the *Illinois Medical Journal*, took the position that because striking results with relatively small expenditures have been obtained is no reason at all why proportional results should be expected from increased expenditures. He attributed the decline in tuberculosis and the increase in longevity to other factors than the sums spent in their eradication. He said:

"Roughly speaking, one adult out of 14 of our population is now supported at the taxpayers' expense, and when you and I work six days a week, almost one day's work is for the purpose of earning our taxes.

"A not inconsiderable part of this tax increase has been levied in the name of public health. Most of this expenditure has been wise and society has so far received a fair return for the money invested. Nevertheless, we must not forget the economic law of diminishing returns. A man can purchase a certain amount of automobile transportation by investing \$500 in a Ford. Two thousand dollars spent on a Cadillac does not yield four times as much transportation, and \$10,000 spent on a Rolls Royce yields nothing like 20 times the transportation furnished by a Ford. Public health is to a certain extent purchasable, but because we obtained very striking results with relatively small expenditures is no reason at all why we should expect proportional results from greatly increased expenditures. . . .

"Statistics leading back 60 and 70 years simply take us back to the period of the early days of railroad transportation and the development of great industrial centers. These rapid developments produced a situation not totally different from moving Kentucky mountaineers to an army camp. . . . Without allowing for such factors as I have just mentioned, statistics comparing general death rates in 1870 with those in 1920 are quite worthless as proofs of the efficiency of methods of preventing disease. . . .

"During the past twenty-five years the annual death rate from this disease (tuberculosis) in the United States has dropped to half its former rate. If this were purely a local phenomenon the result might be ascribed to the enormous sums we have spent in this country in attempts at its prevention. But the decrease has been, with some exceptions, a world-wide phenomenon, and has occurred apparently irrespective of the sums spent in its eradication."

Fallacy Behind Slogan That People Are Sick Because They Are Poor

The fallacy behind the current assumption that people who are sick are sick because they are poor or that, if they are economic failures, it is because they have been sick is brought out in an article in *Nation's Business*, May, 1940, entitled "The Case for Private Medicine." It said in part:

"All the money of John D. Rockefeller could not buy the health enjoyed by the humblest 'white wing' or stevedore. The young bruisers from well-to-do families who go to Harvard, Yale and Princeton have no corner on health, as their football record in recent years demonstrates when compared with that of Notre Dame, Southern Methodist or Minnesota. Joe Louis is not exactly a weakling, although he came from an underprivileged Alabama family.

" 'Underprivileged' Can Take It

"An industrial psychologist at Harvard recently tested a group of young sharecroppers from Mississippi and an equal number of average Harvard boys to compare their resistance to fatigue. He found the sharecroppers superior to the 'aristocrats' in capacity to undergo severe physical trials, although every one of them belonged to the 'ill-clad, ill-housed, ill-fed and ill-doctored' bloc of the nation. . . .

"With all this credulous preoccupation with bodily ills and the plausibility of claims for their class origin, it is not surprising that those who seek ruling power in perpetuity should make health programs to advance their purposes. Such programs provide something else that government can do to win the gratitude of people too thoughtless to recognize Greeks when they come bearing gifts labeled 'other people's money.'

"For centuries men fought to free their churches from state control. Eventually, after rivers of blood had been shed, they succeeded and now in large areas of the world we have religious freedom. During all those centuries, the State had nothing to do with the treatment of sickness. Now it is proposed to turn that function over to government, presumably to create a problem for posterity—the job of winning back freedom over their bodies as they once wrested freedom over the custody of their souls from Government."

Medicine Expanding in Field of Neuropsychiatry

The harmful effects of over-zealousness on the part of public health officials in the field of medicinal products should serve as a reminder of the even greater harmful effects which may follow attempts by public health officials to control the mind in the field of neuropsychiatry.

Organized physicians are now beginning to recognize that emotional disturbances have been sadly neglected by the medical profession. In this connection Colonel William C. Menninger, M.C., Director, Neuropsychiatry Division, Office of the Surgeon General, U. S. Army, in an article entitled "Expanding Fields in Medicine and Medical Education" in *The Journal of the American Medical Association*, August 19, 1944, says:

"There are approximately 150,000 physicians in the United States. There are approximately 3,000 members of the American Psychiatric Association, which will include 90 per cent of the qualified men in this field. In the Army there is roughly 28 per cent of the membership of the American Psychiatric Association, with a considerable number of other medical officers less well trained and less experienced who nevertheless are functioning in the field of neuropsychiatry. Although no figures can be given, it is obvious that the number available is far out of proportion to the amount of work that needs to be done. As the Surgeon General, Norman T. Kirk, has said, roughly 50 per cent of all civilian patients of all doctors are suffering from physical ailments growing out of emotional disturbances. . . .

"Obviously, there never will be enough psychiatrists if only specialists in this field attempt to deal with all psychiatric problems. The only solution lies in the better training and education of all physicians in the field of personality disorders, their recognition, their manifestations, their scientific treatment and their prevention. The distressing fact remains that, to date, the average physician is not equipped for this function."

In this connection it is to be noted from an item in *The New York Sun*, September 1, 1944, that the New York City Board of Education on that date opened applications for an examination for license as school psychiatrist to be held during the week of November 6, 1944.

It is a matter of serious concern if the employment of psychiatrists in public health work and in the public schools will not have the effect of creating mental disturbances instead of preventing them. An example of how the use of psychiatric terms may prove harmful rather than beneficial is shown by the difficulty a man discharged from the army might experience in getting back his old job if he is branded as a "psychoneurotic."

The following significant paragraph is from the book "Fads, Frauds and Physicians," by T. Swann Harding, p. 139:

"Curiously enough, one of the most pressing problems is the study of 'normal' human beings. Who knows what a normal human being is today and how he or she should normally be expected to act under a normal or a subnormal environment? What is normal? The child which acts differently from other children, and which does not seem able to adjust itself to its social environment, is considered abnormal. The child which cannot keep up with its classes is considered abnormal. Is it ever possible that the environment or the education system is abnormal and the unusual child is normal? Who knows? The very same thing holds in the realm of disease."

Congressmen Raise Many Significant Questions About the Functions of a So-Called "Psychologist"

During the discussion in Congress on a bill "To provide for the examination of persons brought before the juvenile court of the Dis-

trict of Columbia," which was killed, vigorous opposition was expressed to the employment of a psychologist. Congressman Edward J. King of Illinois asked if psychology is the study of the soul and what was meant by "psychologist" in the bill.

Congressman Caleb R. Layton of Delaware, a physician, stated that "In my judgment, and I want the House to see it, this is a bill in character with other bills beginning here in Washington, insidious in its character, that means to confer upon the Public Health Service of the United States ultimately the power of invading the domestic life of our people. Now, I am not in favor of it."

The following extracts from the discussion on the bill published in *The Congressional Record*, November 14, 1921, relate particularly to the question of employing a psychologist:

"MR. KING. I see that this bill provides for the appointment of a psychologist at a salary of \$2,000 per annum. Would the gentleman, as a matter of information, answer one or two questions in reference to that? Who determines who the psychologist shall be, and what training does the psychologist have to have?

"MR. UNDERHILL. A psychologist is, in other words, a social worker. Such a worker can go into the home; will advise in any case, whether it be that of disease or mental trouble or even financial trouble.

"MR. KING. Psychology is the study of the soul, is it not?

"MR. UNDERHILL. Let us not get into these technicalities.

"MR. KING. I want some information on this bill. Who says that a certain man is qualified to be appointed at \$2,000 a year as an examiner of the soul—a teacher of psychology?

"MR. LAYTON. Or a member of the legal profession, who does not know anything about it.

"MR. KING. I am serious about the matter. Who says one man is more of a psychologist than another? I thought the last election did away with psychology and witchcraft, but it seems not. Will the gentleman answer what he means by 'psychologist' in this bill?

"MR. UNDERHILL. The gentleman might be willing, but is utterly unable to go into definition and technicalities which the gentleman would like to inject into the discussion. That is not necessary. What we want, as Secretary Hughes said the other day, is action. I, as a layman, am rather confused by the attacks of all these legal lights in the House, but I am fighting a condition that exists, and not a theory, and I am not raising any technical questions. I am standing simply and absolutely upon the statement of Judge Sellers that this bill is what she wants, and I am fighting for her and fighting for the children of the land. . . ."

Congressman Cooper of Wisconsin then raised the question if a clinic was not a public affair to a certain extent. Also he inquired if

there should be any female person, any white girl, physically examined in the presence of third persons in the absence of a female physician, as brought out in the following discussion:

p. 8570. "MR. COOPER of Wisconsin. I want to ask the gentleman from Massachusetts one or two questions. A clinic is a public examination?

"MR. UNDERHILL. Not necessarily.

"MR. LAYTON. Yes; necessarily. That is just what a clinic is.

"MR. COOPER of Wisconsin. A clinic is public.

"MR. LAYTON. Exactly.

"MR. COOPER of Wisconsin. Not only is the patient there, not only is the physician there, but any other person or persons whom he invites in. A clinic is a public affair to that extent. That is, outside third parties are admitted. There have been clinics conducted at the Rush Medical College in Chicago with a hundred in attendance. They are called 'clinics.'

"Let me ask the gentleman a question: Should there be any female person, any white girl, physically examined in the presence of third persons in the absence of a female physician?

"MR. UNDERHILL. O, Mr. Chairman, there is no danger. The gentleman from Wisconsin builds up a bogey man or a man of straw and then tries to tear him to pieces. No one is going to have anything of that sort, for it would be against all ideas of law and decency. I do not know what definition the gentleman may ascribe to a clinic. I have always understood that it might be a consultation of physicians, not necessarily open to the public.

"MR. COOPER of Wisconsin. I will say to the gentleman from Massachusetts that I have not built up any bogey man. I asked what I thought was a sensible question, in a polite manner, and the gentleman from Massachusetts gets infuriated and charges me with building up a bogey man, when he himself acts as near like one as anybody I ever saw. (Laughter)."

Congressman Stevenson next wanted to know what a psychiatric case worker at a salary of \$1,800 is for anyhow. "You have got a doctor who is a psychiatrist and here is a psychiatric case worker, and he is a fellow who works his mind or somebody else's mind, and he is given \$1,800 for doing that for life according to this bill," said Congressman Stevenson, who added:

p. 8582. "Now, there is another thing about it. They say it is for the protection of children, and they lay great stress upon the physical examination. There is a provision for mental examination also, and it has turned out recently that when a psychiatric gets to work on a man who has committed a crime that in a majority of instances they decide that he has the mental development of a child of 8 years of age. They have found that three times down in my section of the Union in the last few weeks. If you put a psychiatric to examine the minds of boys who are brought before the court, they are going to find that they have the mental capacity of an infant and say they are not guilty of anything. Some boys are guilty and some are not, and the

mental examination which they propose to make is such that the judge can send them where he pleases, to some penal or reformatory institution so eloquently described by the gentleman from California (Mr. Raker). Well, these reformatory institutions have not been the greatest success in the world, and if under the terms of this bill he is to be allowed to send boys to reformatory institutions, we had better go pretty slow, because from the time when Dickens wrote of Dotheboys Hall in *Nicholas Nickleby* and of *Oliver Twist* in the almshouse we know that boys who go to these institutions are seldom reformed and frequently ruined, and I do not propose to give such extraordinary powers to anybody. (Applause)."

CHAPTER VII.

FEAR CAMPAIGNS CREATE DISEASE

One of the subjects discussed from time to time at meetings of public health officials is the question of whether or not they should deliberately use the fear appeal as a means of creating panics and thereby compel adherence to their program for disease prevention.

From time to time many health officials have taken the firm stand that they will not tolerate the use of the fear appeal to create a panic, but the fear appeal has been and is being used consciously or unconsciously in so many instances on a city, state or national basis, as a means of popularizing some new serum; to drive the public into the hands of physicians for a medical examination or to secure added appropriations or increased power that many of the leading medical authorities, popular magazines and metropolitan dailies have vigorously denounced such campaigns.

Noted British Physician Warns that United States Is in Danger of Becoming a Victim of "National Hypochondriasis"

On August 27, 1930 public health authorities in the United States and Canada received a severe shock as a result of an address by Dr. Robert Hutchison at the British Medical Association convention at Winnipeg, Canada.

Health boards in the United States had been boldly asserting that "Public Health Is Purchasable" and that the larger the appropriations they received the more lives they could save. Then came Dr. Hutchison and told the whole world that "Fussiness about health increases fears and impairs the serenity which is the basis both of health and happiness."

"Dr. Robert Hutchison, British physician and author, entertains views about the pursuit of health which, if not entirely new, are imbued with an invigorating common sense. Briefly, he believes that health, like happiness, can best be attained unconsciously; that delib-

erately to make it an objective defeats its own purpose," said the *New York Herald Tribune*, in an editorial August 30, 1930 and added:

"As he told his confreres attending the convention of the British Medical Association at Winnipeg, 'The reason for this is obvious; fussiness about health increases fears and impairs the serenity which is the basis both of health and happiness. The old ignorance of the body and stolid resignation to its ills were probably a more healthy attitude, and certainly a happier one, than the modern curiosity and over-anxiety.'

"His professional audience must have received these words of wisdom with mixed feelings. There is hardly a physician whose income, whether he wills it or not, is not in part contributed by the hypochondriac. On the other hand, there is hardly a one in good standing who has not on occasion sought to turn away a remunerative patient with just such an appeal to his reason.

"Hypochondriasis, as Dr. Hutchison pointed out, is not confined to the individual chronically worried about his own health. In a vicarious form it is found in persons forever fussing about the health of others near and dear to them, and in an epidemic form it not infrequently involves whole communities and nations. The United States, he seemed to think, if not actually a victim of 'national hypochondriasis,' is in danger of becoming one. At least he considered it 'congenital soil for the health propagandist.' And so it is, and by the same token we are as a people conspicuously lacking in serenity and noted for the prevalence of nervous disorders.

"But which is cause and which effect is another question. It may be that our constant agitation over what we shall eat and what we shall drink, which is reflected on our statute books, is simply a manifestation of the prevailing restlessness of American life, of the passion for self-improvement that crams our colleges, drives us from one place and one occupation to another, that congests our divorce courts as well as our sanatoriums. Very likely what Dr. Hutchison has to say about the pursuit of health could with equal cogency be made to apply to the mad scramble for other things, notably success and pleasure. These, too, should be plucked by the wayside."

Estimates 50 Per Cent of Civilian Patients Suffer from Physical Ailments Growing Out of Emotional Disturbances

An article by Colonel William C. Menninger, M.C., Director, Neuropsychiatry Division, Office of the Surgeon General, U. S. Army, published in *The Journal of the American Medical Association*, August 19, 1944 states that "As the Surgeon General, Norman T. Kirk, has said, roughly 50 per cent of all civilian patients of all doctors are suffering from physical ailments growing out of emotional disturbances."

That fear campaigns being carried on by many of our boards of health have contributed substantially to emotional disturbances on the part of large numbers of persons is indicated by the warnings in

medical journals and other periodicals against making the public disease conscious.

The Ohio State Medical Journal, October, 1933 editorially states that "Loose talk and unsound thinking in efforts to educate the public on health and medical matters have been on the increase during the past five years," and quotes from an editorial in the *American Journal of Public Health*, which we quote in part:

"Presumably everyone who has studied the question of health propaganda has realized that a certain amount of harm can be done by unwise health preaching. Many people are more or less ill balanced, and just as the medical student, according to the old saying, has for a while every disease which he studies, so do nervous persons suffer from imaginary dangers and diseases."

Dr. Charles W. Burr, while Professor of Mental Diseases in the University of Pennsylvania, in an article in the *New York Times*, April 13, 1913, said: "We are doing rather too much in protecting the physical health of children. Many of them are being so imbued with the fear of disease that the number of hypochondriacs will assuredly be increased, and hypochondriasis is a form of mental disease."

An editorial in the *New York Medical Journal*, January 31, 1920 shows how medical examinations may help to increase the number of neurotics. It says:

"A good many of the illnesses for which patients seek relief have a neurosis as their basis of origin, and the right abdominal pain, the visual disturbance, or the headache are merely pegs on which to hang unconscious malingering. Too frequently the peg is supplied by the too zealous, but not over-careful, physician who, by his acts or utterances, implants the idea that a certain physical ailment exists, and immediately it is created mentally by the patient. . . . Is it not quite as harmful to plant erroneous mental suggestions in the making of an examination? If we are helping to swell the rapidly increasing number of neurotics, is it not our duty to observe a few of the simple precautions which will put a stop to this?"

Says Compulsory Universal Medical Examination Would Probably Result in Widespread Depression and Despair

The following editorial entitled "The Dread of Disease," which appeared in *The Youth's Companion*, June 11, 1914, p. 310, took the position that a compulsory, universal medical examination, as proposed by the then Commissioner of Health in New York City, would probably result in widespread depression and despair. It said:

"Dr. Goldwater, the New York Commissioner of Health, has recently published an article advocating 'the inauguration of universal periodic medical examinations as an indispensable means for the control of all diseases.' As an

illustration of the need and importance of such a measure, he cites the recent examination of the employees of a New York bank. Every one of them was found 'abnormal' and 'on the sure road to diseases of heart, lungs, kidneys or blood vessels.'

"Possibly that discovery may have been useful and beneficial to a few of the men, that it was so to all may reasonably be doubted. It may have enabled some of them to ward off the diseases that threatened. In the cases of others, however, impaired health must have been owing to the conditions of life and work, conditions beyond the individual's control or power to remedy. To tell such a person about the damaging but unsuspected processes going on within him is to do him no kindness. His latent malady is far less likely to be progressive while he is unaware of it; ignorance acts as a stay of execution.

"The danger of such universal medical examination as the health commissioner pleads for is that it would transform innumerable happy and to all intents and purposes healthy persons into melancholy watchers of their own symptoms, who would never again dare to exert themselves hopefully and eagerly in the business of life. So far from prolonging life, imparting such dire knowledge of themselves to people would be the means of shortening their term and of limiting their happiness and their usefulness.

"A healthy mental attitude is the greatest of all helps in preserving physical sanity; break down a healthy mental attitude, and the baleful germs that are in all of us will riot uncontrolled. If all the employees of a bank are, according to the medical examiner, pathological cases, what number of the employees of a factory or a department store would be pronounced entirely sound? Virtually all of us go through life with engines that are more or less imperfect, but that do their work satisfactorily enough as long as we do not watch them, tinker over them and fuss with them. A compulsory, universal medical examination would probably result in widespread depression and despair."

Bureau Protests Against Frightening Children About Cancer in the Public Schools

In a communication addressed to the American Society for the Control of Cancer, Inc., May 27, 1944, the Citizens Medical Reference Bureau, Inc. recommended that action be taken officially by that society to make it clear that inasmuch as cancer is not primarily a disease of school age and as the schools embrace persons of varying beliefs regarding the healing art that they are not in favor of films dealing with the subject of cancer being shown in the public schools. Following is a copy of the letter addressed by the Bureau to the American Society for the Control of Cancer, Inc.

"In 1927 the Citizens Medical Reference Bureau, Inc. took exception to certain statements by Dr. John C. A. Gerster, Chairman of the New York City Committee of the Society for the Control of Cancer as quoted in the local press to the effect that a cancerphobia or general fear of the disease among persons

reached by the publicity campaign would be a 'good thing' if it caused such persons to have themselves examined physically.

"Following the 1927 campaign *'Editor & Publisher'* in an editorial December 10, 1927 stated that 'For every incipient case of cancer that is directed to timely medical attention by this campaign, we venture the prediction that there are ten individuals in whom the fear of the disease generated by the newspaper articles will induce new pathological conditions.'

"We bring this incident to your attention because complaints have recently come to our attention wherein films dealing with the subject of cancer have been shown in the public school in one town in Connecticut in which it appears that local officials of the American Society for the Control of Cancer were involved. This resulted in certain children becoming frightened either by the film or the lecture which accompanied the film or by both the lecture and the film.

"It would seem to this Bureau that even though the American Society for the Control of Cancer, Inc. may not be able to assume responsibility for the action of its local officials that something could be done officially to make it clear that inasmuch as cancer is not primarily a disease of school age and as the schools embrace persons of varying beliefs regarding the healing art that you are not in favor of films dealing with the subject of cancer being shown in the public schools."

The American Society for the Control of Cancer, Inc. Replies That If the Methods Used Are Such As Create Fear They Are Failing of Their Purpose

In a communication dated June 5, 1944 and signed by J. Louis Neff, Executive Director, addressed to the Citizens Medical Reference Bureau, Inc., The American Society for the Control of Cancer, Inc., 350 Madison Avenue, New York 17, N. Y., went on record as saying that "If the methods used are such as create fear, they are failing of their purpose and we thank you for calling the matter to our attention." Following is a copy of the letter in full:

"We have received your letter of May 27 and have read it carefully. We believe that we understand your viewpoint and we sympathize with it.

"On the other hand, there is no scientific evidence to indicate that cancer can be either caused or cured as a result of fear. This much we do know; the cure of the cancer patient depends entirely upon the removal of the cancer before it has had an opportunity to spread or to be disseminated to other parts of the body.

"The discovery of these early cancers depends entirely upon the awareness on the part of the individual of the early symptoms of the disease. This is entirely a problem of education.

"The teaching of the facts about health has become an accepted part of the school curriculum. We can see no reason why it is not just as important to

help children protect themselves, their families and the community against the ravages of cancer even as they are being taught the methods of protection against tuberculosis.

"If the methods used are such as create fear, they are failing of their purpose and we thank you for calling the matter to our attention."

Lecture on Which Protest Was Based

The protest by the Citizens Medical Reference Bureau, Inc. to the American Society for the Control of Cancer against frightening children about cancer in the public schools was occasioned by an address by Dr. Ellrich to pupils attending the public school in Westport, Connecticut, in which Dr. Ellrich is said to have talked for 15 to 20 minutes.

An address by Dr. Walter R. Van Tassel, prominent Darien physician, before the student body of the Darien (Conn.) Senior High School, May 4th, on the subject of "Cancer Control", as reported in the *Darien Review* May 11th, was followed by the showing of a film "Choose to Live" and cancer control literature was distributed to the students. It would seem to the Citizens Medical Reference Bureau, Inc. that the lecture at Darien together with the showing of the film and the distribution of literature on cancer control was such as to create fear in an impressionable child, although no reports of children being frightened were received. A similar address is said to have been given before High School students in Norwalk, Connecticut, prior to May 4th.

Also it would appear that the lectures recently given in Connecticut were not intended to be compulsory, but it takes considerable courage to be conspicuous through absence in these matters, so that to all intents and purposes, attendance is practically compulsory.

Evidence that "Educating" Children in Public Schools About Cancer Causes Fear and Creates Illness

In an editorial October 29, 1921, *The Journal of the American Medical Association* declared: "An inevitable accompaniment of directing special attention to any disease is to arouse in a certain number of persons phobias almost as terrifying as the diseases feared. To warn the public that 'moles, excrescences, fistulas and warts are the first signs of cancer' is to erect a specter capable of shattering even a normal mentality."

Dr. Richard C. Cabot in his book entitled "*Social Work*" states that "Patients may appear at the dispensary for most trifling pains or stomach troubles, troubles that all of us would disregard, and when we inquire why it is that they have come, sometimes a long distance and at considerable expense, we find out that it is because they have recently heard or read something about cancer, or remembered that there is cancer in the family."

Mr. Neff seems to ignore the opinions of eminent physicians and surgeons to the effect that a very large percentage of all known diseases are due to mental causation in which unquestionably fear is the most important factor.

It should also be remembered that the practice of medicine is not a science and that fear may prove to be the cause of cancer even though Mr. Neff states that there is no scientific evidence to indicate that cancer can be caused or cured as a result of fear.

Also it should be remembered that medical diagnoses have been proven erroneous in a large per cent of cases. There is much evidence to the effect that when the diagnosis of cancer becomes easy the case has but little chance by surgery and that over-zealousness in urging operations inevitably means that many persons will be operated on who do not have the disease, and other persons will be operated upon in whom the disease has reached the "inoperable stage".

We submit that "education" about cancer should be left to private discussion and not made a part of the school curriculum.

The following editorial in The Hartford (Connecticut) Courant, June 13, 1944 is most enlightening:

Copy of Editorial in The Hartford (Conn.) Courant, June 13, 1944

"DEADLY MEDICAL TERMS

"Experienced physicians are aware that what we think has a profound effect upon the functioning of our bodies. Worry and fear can be as devastating as disease germs in lessening our vitality and shortening our lives. A great deal of common sense on this subject was voiced by Dr. Malford W. Thewlis of Wakefield, Rhode Island, in his recent talk before the American Geriatrics Society. Dr. Thewlis unequivocally asserted that there are certain words that actually kill patients, particularly those of advanced years.

"Geriatrics is the scientific name for that branch of medicine having to do with physical and personality changes in the aged. In recent years it has come to occupy an even more important place in the field of modern medicine because there has been a general increase of longevity in the United States. Formerly this special field of medicine was concerned only with the relatively few who did achieve old age. Today, with the steady progress in combatting infectious

diseases, and the raising of the general health level, the psychological factors affecting health in those of advanced years are more carefully scrutinized than ever before.

"According to Dr. Thewlis certain disease labels, when mentioned to the patient, actually shorten his life. 'They dwell on them and shorten their lives by worry. Cancer is the most dreaded word in the language. Arthritis, a ruthless word, cripples as many aged as the disease itself. Apoplexy or stroke is another terrifying word.'

"As an example of the way in which the keen edge of fear may be removed from medical terminology, Dr. Thewlis cites the substitution of 'blood pressure above normal,' a comparatively innocuous phrase, for the dread implications of 'arteriosclerosis.' That word itself kills.

"There is much more than mere theory about Dr. Thewlis' contentions. So many words have developed connotations of fear that they wreak mental and physical havoc, despite the fact that medical science has made tremendous strides in alleviating, if not completely vanquishing, the reasons for such fears. A great deal of human suffering could be avoided if all the old names for such diseases could be entirely scrapped and a new set, consonant with present-day medical knowledge, substituted for them."

Health Official Tells How He Used Fright and Pressure to Have People Vaccinated

No one can fail to recognize the danger of permitting medical health officials to deliberately use fright and pressure as a means of compelling people to accept medical treatment against their will every time the official desires to promote a dangerous and questionable vaccine, serum or drug.

While an examination of health board literature affords numerous illustrations of the use of fear as a means of promoting vaccines or serums, it is seldom that a health officer is as frank about the use of fright as was Dr. John P. Koehler, Commissioner of Health of Milwaukee, Wisconsin, in an article in *The Wisconsin Medical Journal*, November, 1925.

Dr. Koehler took the position that "since people cannot be vaccinated against their will," the biggest job of a health department has always been, and always will be, to "persuade" the "unprotected" people to get vaccinated, and said:

"This we attempted to do in three ways: first, by education; second, by FRIGHT; and third, by PRESSURE.

"We dislike very much to mention FRIGHT AND PRESSURE, yet they accomplish more than education, because they work faster than education, which is normally a slow process. * * *

"During the months of March and April we tried education, and vaccinated only 62,000. During May we made use of FRIGHT and PRESSURE, and vaccinated 223,000 people.

"Our educational program consisted of warnings in the daily papers, smallpox posters on the streets, in stores and factories, special smallpox bulletins for all large places of employment, and special letters to all large employers from the health department and the association of commerce, calling their attention to a threatening smallpox epidemic. The radio was also made use of in this work.

"As the conditions grew worse, we felt justified in using stronger measures. We had some good pictures taken of patients suffering from the confluent type of smallpox, and had posters, showing these pictures, distributed all over the city. The moving picture theaters cooperated at this time by issuing warnings on the screen.

"The newspapers published daily the names and addresses of people dying from smallpox. A second letter was sent to all factories, stores, and other places of business, informing them of a rapidly approaching smallpox epidemic, and advising them to have their employees vaccinated immediately, and thereby prevent a serious financial loss to the city, which might occur if a real epidemic developed.

"At this time the department was vaccinating thousands of people daily, BUT THERE WERE STILL TOO MANY WHO COULD NEITHER BE EDUCATED NOR FRIGHTENED INTO VACCINATION. Cases and deaths each amounted to a considerable number, and we now felt justified in using all of the power a health officer has, and if that was not enough, to get more.

"We sent out a third letter to all employers requesting them to have all of their employees vaccinated and at the same time INFORMING THEM THAT IF A SMALLPOX CASE DEVELOPED IN THEIR PLACE OF EMPLOYMENT IN THE FUTURE WE WOULD CONSIDER THEIR PLACE OF BUSINESS A MENACE TO THE HEALTH OF THE COMMUNITY AND VERY LIKELY PLACE THE ENTIRE ESTABLISHMENT UNDER QUARANTINE UNTIL IT COULD BE CLEANED UP AND MADE SAFE FOR THE PUBLIC. Putting this responsibility on the employer drove in thousands of anti-vaccinationists who could BETTER AFFORD TO GET VACCINATED THAN LOSE THEIR JOBS. All employers co-operated very bravely with this last request, ALTHOUGH IN A FEW INSTANCES IT WAS NECESSARY TO LAY OFF OLD, RELIABLE AND VALUABLE EMPLOYEES."

The caps are ours.—C.M.R.B.

Need of Applying a Check to Phthisiophobia

The popularizing of knowledge of the tubercle bacillus, as quoted in an editorial in *The Journal of the American Medical Association*, January 3, 1914, referring editorially to an address by Dr. E. R. Baldwin of Saranac Lake, has given rise to widespread fear among physicians, nurses and the laity. It says:

"He points out the need of applying a check to phthisiophobia, which 'has had no check from the time the knowledge of the bacillus was popularized, Cornet's dust experiments first gave the impulse to a fear, followed by Flugge's droplet infection, which has aggravated the solicitude felt by physicians and nurses, and which has been gradually spread to the laity.' Not until the recent researches, briefly considered in the foregoing, have we had a proper understanding of the great power of defense of which the average adult is capable, although not a few careful clinical observers have pointed out evidence that the constantly exposed husbands and wives with consumptive mates show no such morbidity as a high degree of contagiousness would necessarily produce, and the incidence of tuberculosis in physicians and nurses in tuberculosis hospitals is not indicative of a ready infection with the omnipresent bacilli."

Dr. Thomas J. Mays of Philadelphia has written a number of articles reviewing the failure of anti-tuberculosis campaigns in the past, which were founded on the basis of registering consumptives and treating them as the subjects of contagious diseases. In an article in the *New York Medical Journal* for September 26, 1914, Dr. Mays said:

"In America this movement started in the early nineties and swept over the country like a tidal wave. Being thus fairly launched, and in order to make itself at least more conventional, it adopted the tactics of the Grand Duke of Tuscany when he consulted the Florence School of Medicine concerning this same question in 1754; and sought official recognition from the College of Physicians of Philadelphia, the oldest, most renowned, and most celebrated medical institution in America. The college, like its predecessor, the Florence school, rejected the proposal and instead passed the following resolution: 'The College of Physicians of Philadelphia believes that the attempt to register consumptives and to treat them as the subjects of contagious disease would be adding hardship to the lives of these unfortunates, stamping them as outcasts of society. In view of the chronic character of the malady, it could not lead to any measures of value not otherwise obtainable.'

"This resolution was at that time regarded by the friends of the crusade as a marked retrogression, and as a bar to the achievement of a wonderful boon to humanity, but when viewed in the light of the stern and unbending facts of past history, of how this cold-blooded movement ostracises millions of our fellow countrymen at the present day; of the millions more who are to share the same fate; of its responsibility for the increased death rate of this disease during the last dozen years; it reads like an inspired prophecy."

Charges Gross and Deliberate Exaggeration of the Incidence of Venereal Disease

"Fear as Propaganda" is the title of an editorial in *The New York Medical Week*, April 20, 1940, as follows:

"FEAR AS PROPAGANDA"

"Dr. S. Adolphus Knopf has rendered another great service to the American public by pointing out that it is being scared into certain steps against vene-

real disease by a gross and deliberate exaggeration of the latter's incidence. No one will deny the value of the current campaign against syphilis and gonorrhea, Dr. Knopf least of all. The point is whether a democratic people should act freely and with conviction, on the basis of realities, or be frightened into doing things for its own good by magnification of a danger.

"The American Social Hygiene Association, for example, bases its demands for action on an alleged survey revealing one person out of every twenty infected with syphilis. Contradicting this figure are New York City's syphilis rate of 1½ per cent, demonstrated by actual serologic tests, and the admission of the U. S. Public Health Service that the rate for the entire country is probably something like 1 per cent. The highest proven figure so far is the 13/5 per cent positive rate for 141,148 premarital tests performed in New York City under the new state law.

"The American Social Hygiene Association is not alone in seeking to effect admittedly desirable reforms through fear. The National Health Program and the Wagner National Health Bill which seek to implement it are based on the same tactics. An unreliable survey, carried out by unskilled investigators, first painted so black a picture of the nation's health as to make almost anything seem worth trying to remedy the situation.

"Admitting the need for well considered change, the *New York Times* asks, in connection with this strategy of intimidation, 'In the final account, does it get us on faster to paint an economic system in the darkest colors, to exaggerate the number and plight of its victims, to minimize its achievements?' To physicians who are interested in the mind as well as the body, it seems far better for man to be trained to act voluntarily, in accordance with clearly conceived realities, than to be goaded into even beneficial action by artificially created, exaggerated fears."

Outbreaks of Infantile Paralysis Aggravated by Drastic Measures Employed

From 1916 to the present time one campaign after another, savoring of panic, has been carried on by many of our boards of health for the alleged control of infantile paralysis.

An illustration of the present tendency of many of our boards of health to incite fear and thereby increase the prevalence of disease and disturb the peace is furnished by the infantile paralysis scare in 1916. The following editorial comments by newspapers are significant:

The Brooklyn (N. Y.) Citizen, July 8, 1916, said:

"The outbreak of infantile paralysis is being aggravated by the drastic measures, savoring of panic, employed by the health and other departments to convince the public that they are grappling with the disease. When it is considered that there are several million children in this city and less than seven hundred cases all told, the 'scare' thrown into the public by the health authorities is far from being warranted. This is not the first time the city has

been visited by the scourge, which is less frequent than other infantile summer diseases and takes a less heavy toll in deaths. It is endemic at all times and like certain other diseases becomes epidemic at stated periods. The best way to conquer it is to keep cool. The Health Department and other city departments should set an example in this respect. What they are doing is the reverse."

The New York Sun, July 16, 1916, said:

"The grossly exaggerated notion that prevails here and throughout the country concerning the prevalence of infantile paralysis in New York, the hardships that have been inflicted on the population, the turmoil that has been caused all over the country, result from the acts and words, not of the newspapers, but of public officers who lost their heads, or else had no heads to lose."

The Late Dr. Copeland Said He Felt It Was His Duty to Keep the Public Sane and Quiet, to Destroy Hysteria

That the late Dr. Royal S. Copeland, when Commissioner of Health of New York City, was aware of the damaging effect of fear campaigns in creating disease, and that he felt it was his business to keep the public sane and quiet, to destroy hysteria is brought out in the following extract from a quotation by Dr. Copeland, published in *The Christian Science Monitor*, April 5, 1919:

"The chief thing that I did in the control of the recent epidemic was to preserve the morale of the community," said Dr. Copeland. "I did not do anything, but merely permitted people to go about their ordinary affairs as usual. In San Francisco, I hear, they put all sorts of restrictions into effect, made every one wear gauze masks, allowed only about three persons in a store at a time, and such things. I merely spread abroad simple rules and urged precautions that any decent person would observe naturally.

"Did you ever hear the story of the sage of Bagdad? One day he met Death upon the street and the latter announced that he was about to kill 5,000 persons. A few days later the sage met Death again and reproached him with having killed 50,000 instead. 'Oh, no,' said the latter, 'I killed only 5,000. The other 45,000 were destroyed by fright.' I felt that the main thing that I had to do in the epidemic was to eliminate fear. And it was very satisfactory to know that when it was all over, New York came out of it with the lowest mortality rate of any large city in the world. Of course, there was great opposition to my method of control and it was hard to do so unconventional a thing. One Sunday a prominent merchant telephoned me that if I did not close the schools and theatres the next day he would have me indicted. I replied, the first places that I should close were the department stores with their overcrowded basements and bargain counters. A woman in Washington urged me to do what they were doing in Washington—order the wearing of masks, etc. She had heard wild tales of the epidemic in New York, and her only son was coming up here the next week. In reply, I merely sent her a chart showing how much lower the mortality rate was so far in New York than in Washington. And she sent me back a letter of apology.

"It was hard, as I say, to carry out my program while being obliged to face all sorts of demands from poorly informed persons as to what should be done. Some thought that I did not know what was going on, but I knew all about it. For five weeks I did not have one meal in my home; I hardly left this desk. I felt that it was my business to keep the public sane and quiet, to destroy hysteria."

Mayor LaGuardia Minimizes "Polio" Peril in New York City

It is significant to note that in August, 1944, Mayor Fiorello H. LaGuardia assured the public that there was "every reason to believe that no serious epidemic" of infantile paralysis would develop here this fall. The following extracts are from a news item in *The New York Times*, August 21, 1944:

"Mayor La Guardia, in his regular Sunday broadcast over WNYC, the municipal radio station, declared yesterday that there was 'every reason to believe no serious epidemic' of infantile paralysis would develop here this fall.

"Thus far this year, he said, there have been 387 cases and twenty-seven fatalities from poliomyelitis in all boroughs, with Richmond having not even one case. The Mayor compared these figures with a total of 9,000 cases and 2,000 deaths in the epidemic of 1916; 4,100 cases and 500 deaths in 1931, and 2,000 cases and almost 1,000 deaths in 1935.

"'Dr. Stebbins (Health Commissioner Ernest L. Stebbins) assures me,' the Mayor said, 'that, based on our experience of over thirty years with this disease, there is every reason to believe that no serious epidemic will develop this year. In fact, we are all hopeful that within the next week or two in all probability fewer and fewer cases will occur.'"

"Parents Urged to Remain Calm

"The Mayor said that in spite of intensive research, no definite medicine or vaccine exists for the prevention of infantile paralysis and that 'no good is obtained by listening to wild rumors concerning limitations on children's activities and the closing of bathing beaches and swimming pools.

"He explained that the virus does not spread by direct contact and that not a single beach or pool has been closed because of the disease. There was no added danger, he said, in attending schools or other places in which cases have occurred. He urged parents to 'keep steady and calm,' pointing out that the chance of a child's contracting the disease even in the severest epidemic was only one or two in a thousand.

"Furthermore, he said, the disease does not necessarily cause permanent crippling. One-third of this year's reported cases had no paralysis at any time, and a large proportion of those with paralysis will recover completely, he declared."

Scores Multiplying of Known Cases of Influenza By Five

In 1929 the Citizens Medical Reference Bureau, Inc. branded as terrorism the procedure of the United States Public Health Service in

issuing fictitious reports of the prevalence of influenza as brought out in the following news item published in the *Times-Union*, Rochester, N. Y., January 5, 1929:

HEALTH BODY FLU REPORTS UNDER ATTACK

Multiplying of Known Cases by Five Is Scored by Official of Medical Bureau of New York

New York—The procedure of the United States Public Health Service in issuing fictitious reports of the prevalence of influenza, based on multiplying the actual number of cases reported by five is branded as terrorism in a statement just issued by H. B. Anderson, secretary of the Citizen's Medical Reference Bureau of New York.

"If this practice is allowed to continue, there is no limit to the alarm which these officials can create and it sets a precedent for other officials to announce to the world that the number of cases of any other disease, about which they might wish to frighten the public, is five, ten or a hundred times the actual number reported," said Mr. Anderson.

"The offense in the case of influenza is augmented by the fact that health boards like those of New York City and New York State, which have not sought to frighten the public in this manner, have brought out that many cases reported as influenza are not so at all," he said, "being really nothing more than what are commonly designated as 'coughs' or 'colds.'"

Children in Schools Taught to Sing About Diphtheria to Tune of Glory, Glory, Hallelujah!

The campaign for the immunization of children in the public schools against diphtheria has been carried on with such fanaticism that it was a common practice for the advocates of the serum to offer children prizes in the form of buttons, badges, ribbons and lollypops as an inducement for children to be inoculated and in at least one instance children in the schools were taught to sing about diphtheria to the tune of "Glory, Glory, Hallelujah!"

Following is a copy of a news dispatch in the *Mount Vernon* (N. Y.) *Argus*, March 19, 1928, telling about the song which the children there were taught to sing, together with a copy of a communication by the Citizens Medical Reference Bureau, Inc. replying thereto:

From the Mt. Vernon (N. Y.) Argus, March 19, 1928

"CHILDREN IN BATTLE HERE

"Enter Fight Against Diphtheria—Si Briant Appears

"Children's voices ringing out in the song, 'We are going to fight diphtheria until the battle's won,' to the tune of 'Glory, Glory, Hallelujah!' put spirit into the diphtheria prevention campaign this morning when Si Briant, the chil-

dren's entertainer from New York City, opened his week of entertainments in the Mount Vernon schools with performances at Schools 1 and 9.

"This afternoon Mr. Briant appeared at Sacred Heart and our Lady of Victory schools. Everywhere the children greeted him with happy applause.

"Gladly did the girls and boys, in all schools visited, pledge themselves to get their little brothers and sisters to the clinics May 1, 8 and 15 where treatments will be given them through the generosity of the department of health and the city of Mount Vernon, and which will protect them against diphtheria for life.

"Two life-sized dolls converse with Mr. Briant about the wonderful benefit toxin-antitoxin is to children. Bearing a life-sized infant of six months in his arms, the entertainer shows the children that all babies should be protected against the disease as soon as they are six months of age.

"Slight-of-hand tricks, ventriloquism and songs in which the children take part make up the happy half hours entertainment.

"William P. Uhler is in charge of the entertainments for the diphtheria prevention campaign committee. Tomorrow morning Mr. Briant will appear in school 5 and in the afternoon in Lady of Mount Carmel and at public school 8.

"The song which the children are learning for the campaign is as follows:

We're Going to Fight Diphtheria
Tune: Glory, Glory, Hallelujah!

We are after health, you know, and to do our duty well,
We're going to fight a dread disease, of which we wish to tell,
Diphtheria can be dispelled from all our homes today
So Here's to Toxin-Antitoxin!

Chorus

We are going to fight diphtheria
We are going to fight diphtheria
We are going to fight diphtheria
Until the battle's won.

Toxin-Antitoxin is the method safe and sure
That will drive it from our city and our homes forever more.
To save our little children by this harmless little cure
Then there will be no more diphtheria!

Chorus

With T-A, toxin-antitoxin
With T-A, toxin-antitoxin
With T-A, toxin-antitoxin
And drive diphtheria from our land!

From the Mt. Vernon (N. Y.) Argus, March 30, 1928

TWO SIDES TO QUESTION"

Citizens Medical Reference Bureau Comments on Diphtheria Campaign

"Editor Argus:—An item in your issue March 19th, entitled, 'Children in Battle Here—Enter Fight Against Diphtheria,' has been called to our attention for reply.

"On behalf of parents in Mount Vernon who object to the public schools being used for propaganda purposes, permit me to say that even the vaccine companies themselves do not go so far as to claim that toxin-antitoxin will protect 'against diphtheria for life.' The most that one company claims in advertisements appearing in current journals is immunity for 'three years or longer.' Another vaccine company states that 'the duration of immunity from toxin-antitoxin cannot be definitely stated. The duration must depend, to a certain extent, at least upon the individual,' and in answer to the question 'Do you claim permanent immunity from the use of toxin-antitoxin?' it states 'Neither we nor any one else can make such a claim.'

"An article in *The Journal of the American Medical Association* for January 28th, 1928, directs attention to fourteen cases of diphtheria among nurses in the Illinois Training School, all of whom had received three or more inoculations against diphtheria. The article further brings out that a larger number of cases of the disease developed among nurses who had been inoculated than among a similar group of nurses who had not received any toxin-antitoxin.

"*The (London) Lancet* in its issue February 25th, 1928, contains a communication which directs attention to three other cases of diphtheria among nurses who had been regarded as immune to diphtheria. The item in the London *Lancet* further brings out that persons may be Schick-positive, or in other words considered subject to the disease if exposed thereto and yet may be 'constantly exposed to massive doses of infection' but do not contract the disease.

"Numerous examples can be cited where communities have carried on extensive toxin-antitoxin campaigns and where the mortality from that disease has been on the increase instead of on the decrease.

"I submit that there are two sides to this question and that the schools should not be used for making it appear that the treatment is harmless and a sure protection, when leading medical and health authorities in their own journals concede that such is not the case."

CITIZENS MEDICAL REFERENCE BUREAU

H. B. ANDERSON, Secretary

Epidemics for Patronage

Charges that the New York City Department of Health during the Hylan Administration improperly and wastefully expended nearly \$700,000 of public money for manufactured epidemics were made by the Citizens Union of New York City in 1924.

The publication of the statement by the Citizens Union given below is not intended by the Citizens Medical Reference Bureau as an attack upon any administration, the Bureau being non-political. It is here published as another instance in which a well-known organization not sponsoring any form of treatment has found upon investigation that alleged epidemics have been manufactured by health boards. In a Special Bulletin, issued by the Advertisers Protective Bureau, Inc. of the Kansas City Advertising Club, May 20, 1922, the alleged small-

pox epidemic in Kansas City was ascribed to dullness in the medical field.

**Statement by the Citizens Union, New York City, in Its Publication,
"The Searchlight," in 1924**

"The improper and wasteful expenditure of nearly \$700,000 of public money in payments to favored individuals placed by the Hylan Administration in the Health Department, is shown by an investigation just concluded by the Citizens Union. The first pretext for this waste and favoritism was the claim, originally made by former Health Commissioner Copeland and repeated by his successor, the present Commissioner, that since July, 1920, there has been a continuous 'emergency' due to the alleged danger of invasion by cholera, small-pox, typhus fever and bubonic plague. Additional pretexts were general references to Schick test work, food inspection and rat catching, all of which are normal activities of the Health Department already provided for in the budget and in the past properly discharged by officials selected by civil service examination. Past performance indicates that this is about the time for Health Commissioner Monaghan to sound the alarm again in order to bolster up an application for a second instalment of the 'emergency' appropriation for the current year.

Quack Methods

"The humbug by which the public were 'scared' into tolerating the spending of most of this vast sum of money on political pap was precisely that of the quack in private practice who plays upon the fears of his patient for the purpose of gouging him. The money, voted in instalments since the middle of 1920, was entirely aside from that properly provided to fight infantile paralysis and influenza. The appropriations in question were made as follows:

1920	\$ 80,000.00
1921	130,000.00
1922	230,183.54
1923	160,000.00
1924 to date	90,000.00
Total	<u>\$690,183.54</u>

"The sums in question were granted in a series of so-called 'emergency' appropriations to the Health Department, in addition to its regular annual budget of from four to five million dollars.

"Nearly six hundred individuals were singled out for favor. The Hylan Civil Service Commission promptly complied with the several requests of the Hylan Health Commissioner for the exception of a total of 1,092 jobs from civil service examination and thus made it possible to fill them as personal or political patronage. The excepted positions have increased from year to year, as follows:

1920	150
1921	177
1922	244
1923	356
1924 to date	165
Total	<u>1,092</u>

"The appropriations have been made under Section 1177 of the Charter, which authorizes 'extraordinary expenditures,' additional to the Health Department's budget for use 'in compensation of special inspectors, physicians and nurses and for supplies and contingencies . . . for the prevention of danger from contagious or infectious diseases found to exist . . . or for the care of persons exposed to danger from contagious or infectious diseases.' Until 1921 such extraordinary appropriations were limited by law to \$80,000 in a single year, but so effectively was this 'scare' played up that in that year the Legislature was persuaded to remove all limitation and immediately the appropriations were increased, as shown above.

Gross Abuse of Powers

"The money thus obtained, the next step was to make it available for payment to individuals who had something to recommend them beside the demonstration of their fitness by civil service examination. On the ground that the services to be rendered were 'professional, scientific, technical or expert' and 'of an occasional and exceptional character,' the Hylan Civil Service Commission by a gross abuse of its powers has withdrawn the 1,092 positions from competitive examination and permitted them to be filled by 590 individuals chosen in violation of the merit system.

"These exceptions from examination were granted by the wholesale and in the dark. They were made by the Commission by blanket resolutions to whole groups of positions, instead of for individuals with established special qualifications. Included in the positions of 'technical experts' to render service of an 'exceptional character', were clerks, stenographers, inspectors and physicians. Regular civil service lists for all such positions already existed or could speedily have been obtained by examination. But evasion of the law was the obvious intent, for it appears that with 'emergency appointments' successively renewed, sixteen favorite individuals have been employed for three years, twenty-eight for two and one-half years, fifty-five for two years, fifty for one and one-half years, and one hundred twenty-seven for one year, in addition to those who have served for a single six months' period.

"The action of the Hylan Administration in its repeated allotment of 'emergency funds' outside the regular budget and in its flagrant evasion of the Civil Service Law would be indefensible even if there had actually existed an acute danger of cholera and the other dread diseases. Even if there had been such danger at any time since 1920 the Department itself has represented it to be so long continued that there has been ample time for regular civil service examinations and for the regular inclusion of the necessary funds in the annual budget of the Health Department.

Manufactured Epidemics

"In fact, however, at no time since 1920 has there actually been any danger justifying these extraordinary appropriations or emergency appointment. Prior to July, 1920, there were in this city serious epidemics of infantile paralysis and influenza. They required the emergency measures which were then taken. It is clear that the ease with which extra funds and temporary personnel were then properly made available to the Health Department, suggested the scheme, when the influenza abated, of manufacturing a new 'scare' of epidemic for the purpose of continuing and expanding the emergency staff with the proceeds of more extraordinary appropriations.

"The successful drive for the new series of 'emergency' appropriations and appointments were launched by Commissioner Copeland on the alarm sounded by him, that 'there was an invasion of Eastern Europe by various communicable diseases such as smallpox, plague, cholera, typhus and the various dysenteric diseases' and that it was 'necessary to protect the population of this City against invasion from these diseases.' The fact is that Eastern Europe has always been so afflicted to a greater or less extent and that the United States Public Health Service has always been fully alive to the need for safeguarding this country from danger. Ever since the end of the War, representatives of the Federal Health Service, including the former Surgeon General and a large staff, have been stationed abroad to take precautionary measures. The effective work of the Federal authorities here and abroad deprived the local alarms of any basis."

The So-Called Epidemic at Nome, Alaska, Revealed as a Publicity Stunt

The vast amount of publicity in March and April, 1925, in which the public was led to believe that the inhabitants of Nome, Alaska, were in danger of being wiped out unless serum could be rushed there immediately was not an epidemic at all but was occasioned by five alleged fatalities from diphtheria and thirty-four cases. The five alleged deaths included three fatalities which had previously been diagnosed as not being diphtheria and several cases were included which had been previously regarded as some other disease. A nurse was employed to run down and hunt out suspicious cases and all cases showing any membrane were arbitrarily called diphtheria. (See communication by Dr. Curtis Welch, Acting Assistant Surgeon, U.S.P.H.S., stationed at Nome, Alaska, in the *Journal of the American Medical Association*, April 25, 1925.)

An editorial in *Editor and Publisher*, January 9, 1926, makes the following significant admission with regard to the Nome episode which was featured on the front page of so many newspapers:

"Readers ask why we have excluded from our list of the 10 leading events (published last week) several stories that received big first-page display, and our reasons, briefly stated, are as follows: The dog-team race to Nome was picturesque, but the story exaggerated the human hazard. The Alaskan trail was not as dangerous as the public was led to believe."

The dash with serum to Nome, Alaska, is referred to as "One of the Greatest Press-Agent Stunts ever pulled in the history of Medicine" in the following extracts from a book entitled "Putting It Over" by Edward Bonns and C. E. Carrier:

"... the average man is immersed in a great perpetual drama of exploitation. Someone has studied his instincts carefully and knows exactly how to produce the proper emotions and reaction in him."

"He picks up a newspaper. On the front page he discovers that Nome, Alaska, is in the grip of a diphtheria epidemic. Strangely, their supply of antitoxin is exhausted. A hazardous trip over ice and snow is hurriedly planned, using dog teams and a sledge. For nine days the slow progress of Gunnar Kassen, the driver, is given front page space. He wonders perhaps when the officers of the United States Army reject the services of a credulous government aviator who asks permission of the Adjutant General to carry the antitoxin by plane to Nome and thus save valuable time. But his wonder is lost in the thrill of this race of the ages, nature against man and beast, and the lives of the citizens of Nome are hanging in the balance. Perhaps he never discovers that a prominent American concern of manufacturing chemists, interested in 'putting over' the use of serum in fighting diphtheria, was sponsor to this gigantic publicity stunt, which did more to awaken the American public to the uses of serum than any other single agency for many years. The largest vaccine manufacturers in the world awarded a gold medal to each of the relay drivers participating in the dramatic dash to 'diphtheria stricken' Nome. This will undoubtedly rank as one of the greatest press-agent stunts ever pulled in the history of medicine. Just in passing, the dog team is a successful vaudeville act now and Balto, a national hero."

**Flight With Serum to Quebec Characterized by Medical Journal as Inspired
by Vulgar Desire for Publicity**

**Copy of Editorial in the New York State Journal of Medicine,
June 15, 1928, p. 766**

THE WRONG SERUM

It is not often that the *New England Journal of Medicine*, the worthy successor of the *Boston Medical and Surgical Journal*, indulges in irony, but it was justified in doing so in regard to the flight of an aviator to Montreal in order to carry antipneumonia serum to Floyd Bennett. The May issue says editorially:

"The mind that conceived a tabloid press judged with accuracy the type of mental pabulum most suited to the average intelligence. The public wants its meat well seasoned and its pudding smothered in sauce; perhaps to be abreast of the times one should say applesauce. The temperate account of an epochal advance in medical science leaves it cold, but it thrills to the broadcasting by radio of an appeal for a blood donor, and ERECTS MONUMENTS TO THE DOG THAT HELPED BRING ANTITOXIN TO NOME.

"PARTICULARLY OBJECTIONABLE TO OUR MIND IS THE CHEAP AND VULGAR DESIRE FOR PUBLICITY WHICH INSPIRED THE RECENT FLIGHT TO QUEBEC WITH A PNEUMONIA SERUM OF EXCEEDINGLY QUESTIONABLE VALUE IN THE CASE FOR WHICH IT WAS INTENDED. We read with sorrow of Floyd Bennett's illness. We knew him to be a skilled and intrepid aviator, deserving of sympathy in his sudden affliction, and of necessity doomed to a considerable degree of objectionable publicity. We knew that he was ill with pneumonia and that his fate was on the knees of the gods. We heard with passing interest of the departure of a specialist from New York. It was comparatively late in the course of the

pneumonia that he must have arrived in Quebec; and both Quebec and Montreal and every city in Canada has physicians who are capable of directing the care of pneumonia patients, even to the use of the oxygen tent.

"We began to sit up and take notice, however, when, on about the fourth or fifth day of the disease a frantic call was sent to New York for pneumonia serum. The machinery of the Guggenheim Foundation had been set in motion, and it engaged accurately, if noisily with that of the Rockefeller Institute. The stage was set. Motorcycle police cleared the streets of New York for the precious fluid which was being rushed to the flying field where an aviator of international fame nervously paced the ground with motor tuned up and propeller turning, ready for the take off. The public was getting what it loved—serum and applause. The dramatic climax of the situation occurred in Quebec a few hours later. Nothing could have been more perfect from an artistic standpoint. It was the wrong serum.

"DESPITE THE GREAT ADVANCES IN AVIATION, IT IS NOT YET ENTIRELY A SAFE MEANS OF TRANSPORTATION. EVERY AVIATOR TAKES HIS LIFE IN HIS HANDS WHEN HE FLIES. LINDBERGH, ENTIRELY IGNORANT, WE BELIEVE, OF THE GIGANTIC HOAX IN WHICH HE WAS BEING MADE A DUPE, WAS EXPLOITED, AT THE RISK OF HIS PERSONAL SAFETY, FOR THE PURPOSES OF PUBLICITY. THE STAGE SETTING, HOWEVER, WAS TOO PERFECT; EVEN NOW THE BOOMERANG IS RETURNING, THE MORE CONSERVATIVE NEWSPAPERS ARE REALIZING THAT THEY AND THE PUBLIC HAVE HAD ONE PUT OVER ON THEM."

Note:—Caps are ours.—C.M.R.B.

An Epidemic of Rabies Scares

During the past thirty years or more rabies scares have been of frequent occurrence in the United States.

The *Weekly Bulletin of the California State Department of Public Health* for March 30, 1935, stated that "Animals that are well cared for do not contract the disease." It further stated that "It is recognized that the great reservoir of infections is in stray dogs, and where stray dogs are controlled, rabies seldom, if ever, appears."

A comparatively small number of fatalities from so-called "rabies" are reported in the United States, and in England the disease is said to be extinct. The fatalities in the United States which are reported as rabies appear to be largely due to either fright, the serum used for the alleged prevention of the disease or to some other disease of the central nervous system simulating rabies.

It would therefore seem that the most effective results would be obtained by a campaign of kindness to animals and avoiding drastic measures of any kind which tend to create terrorism in the minds of the public about rabies.

The rabies scares, which are of such frequent occurrence in the United States, almost invariably center around urging either 14 or 21 injections for anyone bitten by a dog reported as having rabies.

That the antirabic treatment may actually cause paralysis is shown by an item in the *Journal of the American Medical Association*, June 2, 1928, p. 1831, reviewing an article by P. Remlinger in *Annales de l'Institut Pasteur*, Paris, March, 1928, which says in part:

"In 1905 Remlinger sent out his first questionnaires and found that paralyzes developed in forty out of 107,712 persons given antirabic treatment. This survey was followed by others, on the basis of which the author concludes: one must evaluate at more than 500, but less than 1,000, the total number of paralyzes observed since the first antirabic vaccinations. In the great majority of cases, the paralyzes begin from the eleventh to the thirtieth day after the patient is bitten. This incubation period is, therefore, decidedly shorter than the incubation period of rabies . . ."

The *Washington Herald* of October 23, 1913, reported the death of Policeman William C. Farquhar following the use of rabies vaccine. The United Public Health Service also reported the results of an investigation carried on by that Service with respect to rabies vaccine, in its official weekly bulletin, "Public Health Reports," October 24, 1913, in which it said:

"There is one condition occasionally seen in these patients that seems to be the direct result of the treatment, viz., paralysis, more or less complete, and often sufficiently extensive to be a cause of anxiety as to the final result."

Not so much is now being said about using rabies vaccine for dogs since 100 Alabama dogs were said to have died after rabies vaccination. The following news item tells what happened to the dogs in Alabama in 1941:

Copy of News Item in the New York Herald Tribune, August 22, 1941

100 ALABAMA DOGS DIE AFTER RABIES VACCINATION

Hundreds Stricken; Contaminated Vaccine Blamed

Florence, Ala., Aug. 21 (AP).—Stricken by contaminated rabies vaccine, hundreds of dogs—blue-bloods and mongrels alike—over-crowded veterinary clinics today for emergency treatments their masters hoped would save them for future hunts or just plain romps in the yard.

Inoculated in accordance with Alabama anti-rabies laws, at least one hundred have died. Dr. G. D. Ingram, county rabies inspector, estimated an additional 1,300 had been made ill by the vaccine.

Many of those stricken were in the fox-hunt centers of Rogersville and Lexington, where some of the nation's leading fox hounds are kenneled.

Dr. R. S. Sugg, state veterinarian from Auburn, was here to assist in the clinic, which was kept open around the clock. "We have no idea how the vaccine became contaminated," Dr. Ingram said, "and the manufacturer has been unable to explain it."

Most of the dogs affected suffered skin eruptions, which were being lanced at the clinic. Courses of sulfanilimide were being given, with heavy doses for the first day and single doses for seven or eight succeeding days.

"This treatment has been successful in most cases," Dr. Ingram said, "and we believe we have the deaths about stopped. We have treated more than five hundred dogs here."

The Rabies Scare in New York City

In October, 1944 the New York City board of health ordered that the anti-rabies quarantine on dogs in force in the Bronx since March 30th be immediately extended throughout the city for a period of six months, and posters were displayed in subway cars warning dog owners that "The Outbreak of Rabies Has Spread Throughout the City. One Human Victim Has Already Died . . . Others May Die Unless You Help Check the Spread of This Fatal Disease."

The one fatality attributed to rabies was that of Mrs. Josephine Tys, of the Bronx, who, according to press reports, was bitten by her own dog August 25th and passed away September 10th after completing seventeen of the injections out of the twenty-one injections she was scheduled to take, the diagnosis having been confirmed by laboratory tests.

As persons have been known to die from fright and as the Pasteur treatment has been known to cause paralysis in a number of instances, the logical attitude for health boards generally to take is to let the people have the kind of treatment they want. Many persons are of the opinion that if health boards had no vaccine to offer there would be no more rabies scares.

The Citizens Medical Reference Bureau, Inc. maintains that no serum, vaccine or other medicinal product for the alleged prevention of disease is so infallible that any health official is justified in using the fear appeal as a means of compelling the public to submit thereto.

CHAPTER VIII.

PREVENTIVE MEDICINE AS IT RELATES TO PRIVATE MEDICAL PRACTICE

Preventive Medicine has been defined as "the department of medicine dealing with the means and methods of preventing disease." It concerns such matters as periodical medical examinations; surgical operations for the alleged prevention of disease; the administration of vaccines and serums; quarantine, disinfection and fumigation, and the education of the public to accept prevailing medical opinion in the treatment and prevention of disease.

Preventive Medicine, therefore, is as much a branch of private medical practice as any other part of medical practice. It deals with controversial questions regarding the healing art, and there is no more reason why the State should take over the practice of Preventive Medicine than that the State should take over any other portion of the practice of medicine, except as it relates to quarantine, disinfection and fumigation and the provision of medical care for persons who are indigent or become wards of the Government and are desirous of receiving medical care in preference to any other method of treatment.

Health Legislation Involved in a Vicious Circle

Health legislation having to do with Preventive Medicine is involved in a vicious circle. The more liberal our legislative bodies become in delegating increased power and appropriations to medically-controlled boards of health, the more these boards of health are able to use the increased powers and appropriations delegated to them to obtain additional power and appropriations.

This vicious circle has progressed year after year until today the millions of dollars formerly regarded as adequate are now looked upon by our Federal health officials as "small change" and requests are now being made for hundreds of millions of dollars annually for Preventive Medicine purposes.

Threatens the Freedom of the Press

Some idea of the enormous sums of money now being requested from the pockets of the taxpayers may be gained from the fact that

in 1938 a bill was introduced in Congress providing for an appropriation of \$271,000,000 over a period of years for the alleged prevention of venereal diseases. During the same year the Technical Committee on Medical Care of the Interdepartmental Committee to Coordinate Health and Welfare Activities recommended an appropriation of \$200,000,000 annually, of which \$23,000,000 was to be applied for "public health organization"; 43,000,000 for "tuberculosis"; \$47,000,000 for "venereal diseases"; \$22,000,000 for "pneumonia"; \$25,000,000 for "cancer"; \$10,000,000 for "malaria"; \$10,000,000 for "mental hygiene" and \$20,000,000 for "industrial hygiene."

Although the full amount of the appropriations above referred to has not been granted, there is a definite tendency in that direction as indicated by the appropriation of many millions of dollars annually for conducting a nationwide campaign against venereal diseases and an initial appropriation of \$10,000,000 for instituting an anti-tuberculosis campaign patterned after the campaign against venereal diseases.

Under legislation now in force the Surgeon General of the United States Public Health Service is authorized to "detail personnel of the Service to nonprofit educational, research, or other institutions engaged in health activities for special studies of scientific problems and for the dissemination of information relating to public health."

Under this legislation the United States Public Health Service is empowered to flood the country with publicity experts and lecturers and to grant favors to the private institutions it favors and to deny these favors to other institutions which it does not favor.

This threatens the freedom of the press in that it tends to make it difficult or impossible for the press to obtain disinterested information on both sides of controversial questions having to do with Preventive Medicine.

The Role of Medical Economics in Preventive Medicine Programs

Sooner or later organized "regular" physicians must decide whether they shall continue to lend their support to Preventive Medicine programs at public expense and thereby find themselves swallowed up in a gigantic Governmental medical bureaucracy or whether they shall undertake to carry on their own Preventive Medicine programs in the field of private endeavor.

As long as the number of physicians in the employ of boards of health comprised only a small percentage of the total number of

"regular" physicians it was a simple matter for medical societies to restrict the activities of boards of health in the field of Preventive Medicine to "educating" the public in accordance with their views and to diagnosis, leaving the question of treatment to private physicians. But as the number of physicians in Government service has increased it has become increasingly difficult for private medical societies to direct the policies of boards of health as they relate to private medical practice.

On the other hand, there are indications that health boards are becoming increasingly apprehensive of losing the good will and support of the "regular" medical profession and frantic efforts are being made by boards of health to bring as many patients as possible to the offices of private physicians. This it seeks to do by organized campaigns, including house-to-house visits and the use of compulsory measures wherever possible.

In many instances the attempts by board of health physicians to explain to private physicians how their Preventive Medicine campaigns are increasing the income of private physicians have all the earmarks of a bribe to obtain their good will and support.

Detroit Health Officials Tell How Inoculation Campaigns Increase the Doctor's Income

An article by L. O. Geib, M.D., and Henry F. Vaughan, D.P.H., entitled, "The Physician as Health Worker," which was read at the annual meeting of the American Medical Association, June, 1931, and published in *The Journal of the American Medical Association*, August 8, 1931, p. 366, tells how the Detroit Department of Health carried on a campaign for the immunization of children against diphtheria and reveals the underlying motives behind the campaign.

Doctors Geib and Vaughan state that "Every step in the Detroit program has been worked out with the sympathetic support of the Wayne County Medical Society, and all new developments have been submitted to the public health committee of this society for its approval, prior to final adoption by the health department."

The authors state that "it is not fair to charge the entire expenditure to diphtheria prevention. The expense may more fairly be charged against a program to rehabilitate the public with the family physician, to recreate an attitude whereby the layman will look to the physician as a family counselor not only in matters of curative but likewise of preventive medicine."

The article further states that the ultimate objective "was to secure the sympathetic and whole-hearted support of the medical profession in order that the general practitioner might not only practice curative medicine but actively take his part and share his responsibility in the preventive medical program."

Says It Is Going to Keep Up a Continuous Process of Prodding Parents

In the discussion following the article above referred to Dr. Henry F. Vaughan said :

"After all, it is an administrative problem of balancing one's program and educating one's appropriating bodies. At the present time, instead of taking a large group of nurses and canvassing from house to house, we have inaugurated a program whereby we visit each new-born child twice in the first six months of life. We visit the child as soon after birth as possible, or the parent, and then again at six months. That, of course, is not directed solely at diphtheria immunization but at general infant welfare and the teaching of hygiene. But it is going to keep up a continuous process of prodding parents to have the children protected against diphtheria."

Doctors Geib and Vaughan tell how the Department of Health used public funds to provide newspaper stories, paid advertisements, posters, lectures, bill-board advertising, radio talks, and the generous distribution of literature and to send nurses into 163,403 homes and to make 88,557 return visits making a grand total of 251,960 visits.

They further state that "The toxin-antitoxin and, later, toxoid, were available to physicians at eight of the culture stations located in different parts of the city, lists of which were sent to all cooperating physicians."

Department of Health Paid More Than \$100,000 in Fees to Cooperating Physicians

The Detroit Department of Health not only paid for the expense of its publicity campaign in favor of toxin-antitoxin but it even went so far as to direct more than 100,000 children to the offices of private physicians. Then wherever the physician was unable to collect a fee direct it paid the physician from \$2.00 to \$2.50 for each child inoculated, which is four or five times what it estimates it would have cost the Department of Health to perform the inoculations, and it also supplied the serum for the inoculations.

In this connection Doctors Geib and Vaughan state:

In the fall of 1929 a communication sent jointly by the medical society and the health department was addressed to every physician, inquiring whether he would cooperate in the campaign by setting aside definite hours at which he would receive at his office, children in need of protection. It was agreed that the physician would charge \$1 for each dose of toxin-antitoxin or toxoid in those cases in which, in the physician's judgment, the parents were able to pay for the service. The charge for the Schick test and the reading of the results would likewise be \$1, making a total charge of \$4 for the service. There was nothing in this plan that would prevent the physician from charging his usual office fee if the patient appeared at any hour other than that specified in the agreement. It was further agreed that when, in the physician's judgment, the parent was unable or unwilling to pay for the service, the health department would reimburse the physician at the rate of 50 cents for each treatment and \$1 for the Schick test, or a total of \$2.50 for the complete service to each child . . .

During the recent campaign in Detroit, more than \$100,000 was paid the cooperating physicians. The average expenditure was \$142 per physician. It is estimated that, including the cost of the nursing personnel and the educational work, nearly \$250,000 was expended in the campaign, which is less than the cost of medical care of reported diphtheria cases for a single year."

Says They Sold Physicians Idea They Were Making "New Contacts"

In the discussion following the reading of the paper above referred to Dr. Henry F. Vaughan said:

"The cost of this work cannot be charged against diphtheria immunization, as we tried to make clear. If one had free clinics one could immunize children for 50 cents or 75 cents, including the nursing service. We find that we paid physicians for approximately two-thirds of the immunizations. We told the physician not to be severe in determining whether the parent could or could not pay. We sold him the idea that he was making new contacts, and even though some people came in who could have paid and didn't pay it was a good investment. The actual cost figure is \$2 a child, paid the physicians; if one includes the nursing and educational work, I presume it would be about \$4 an immunization. That must be charged to health education and not diphtheria prevention. Dr. Maits has brought out a highly important matter in the question of selling the idea to one's appropriating body. That is equally difficult, of course. We were fortunate in being able to do that and at no time was the question ever raised of the amount of money we were going to spend. The only question was on the results. We started out with \$5,000 to pay physicians, and during the year we spent \$120,000. We increased the \$5,000 appropriation to \$120,000. We estimate this year that the cost of payment to physicians will not be nearly so high. We have gone through the first difficulties and now it is merely a matter of taking care of children as they arrive. We have, in our budget, a definite appropriation of \$45,000 to pay physicians for this work."

Says Diphtheria Campaign Is But Entering Wedge

Some idea of the wholesale scale upon which the Detroit Department of Health plans to bring business to private physicians may be gained from the following declaration by Doctors Geib and Vaughan:

"We feel that the campaign to reduce the incidence of diphtheria is but an entering wedge into a program which will involve a periodic health examination, prenatal service for the expectant mother and hygienic instruction for infants and children, as well as campaigns to control tuberculosis, cancer and other preventable diseases. The interest of the medical profession has been activated."

Doctors Geib and Vaughan add that "The doctor is not interested merely for monetary reasons."

Doctors Geib and Vaughan lay particular stress upon the amount of money received by private physicians for inoculating over 100,000 children but fail to say anything about the many children whose health has been impaired as a result of the administration of this toxin or poison into so many healthy children.

Reveals Use of Tricky Methods to Compel Vaccination

The tricky methods sometimes resorted to by boards of health to compel vaccination, which constitute abuse of the power delegated to them, are revealed in the following extracts from the discussion at the Conference of Health Officers at Lansing, Michigan, December 12, 1923, published in *Public Health*, by the Michigan Department of Health, April, 1924:

"Doctor Slemons: . . . The children in our schools are given slips—you will find one of them in the exhibit, in the auditorium—notifying the parents that the child is not vaccinated. While the slip does not exactly demand vaccination, as you will find upon reading it, most people think that it does and by using it we get a very high percentage of vaccinations because our people have gotten to believe that this is compulsory . . .

"On any slight pretense of exposure we demand vaccination. How far do we go? We go just as far as we can . . .

"By taking advantage of any secondary exposure you will be able to keep 100 per cent of the children in your schools vaccinated. Here is a point that we have found extremely beneficial—We penalize the non-vaccinated person every opportunity we get. I mean by this that any non-vaccinated person exposed to smallpox is looked upon as a potential case of smallpox and that person goes home and stays there for sixteen days, while a direct exposure when vaccinated gets every consideration, and at the end of a seventy-two-hour period goes back to the public. It has a very wholesome effect . . .

"Doctor Godfrey: In our city unvaccinated children, even though they are not exposed to contagious disease, cannot come to school until they are vaccinated.

"Unvaccinated children are turned over to the school board, and excluded from school and then as soon as the records show that they are not in attendance at school they are arrested for non-attendance. In other words, we get them going and coming . . .

"Doctor Town: Penalize the fellow who refuses to cooperate. You will find this is pretty good medicine.

"In Jackson we have not gone into any factory or school and put on a program of vaccination unless pretty definite report of exposure has come in, because when we do go we go the limit, and interpret 'exposure' in its loosest term. We have railroad shops where we vaccinated 1500 men as soon as it was reported that one man had worked five days with an eruption. We interpreted this as wholesale exposure, and secured authority from their Detroit office to do the work. Incidentally, we were very glad to have their regularly employed physician and surgeon handle the vaccinations."

Says It Is Incompatible with the American Idea of Liberty for a Private Corporation to Force Its Employees To Be Vaccinated

The St. Louis Star, in an editorial May 24, 1926, stated that it is incompatible with the American idea of liberty for a private corporation to force its employees to be vaccinated. The editorial reads:

"BE VACCINATED OR GET FIRED

"A new form of compulsory vaccination has come to light in that vaccination has begun of about 1,200 employees of the Chicago & Eastern Illinois Railroad, and it is announced that employees who refuse to be vaccinated will be the first laid off when forces are reduced. It is hard to conceive of a big successful corporation taking such a narrow-minded action. Vaccination numbers among its opponents hundreds and thousands of laymen and many doctors of unquestioned standing. It is bad enough for school boards and other civic agencies to force those that do not believe in vaccination to submit to it, but for a private corporation to take upon itself such duties is incompatible with the American idea of liberty."

Biologics Reported at Federal Hearing as in the "Stage of Experiment and Discovery"

Leading medical authorities testified at Federal hearings on bills to regulate the sale of biologic products, which failed of passage, February 21-May 6, 1924, that biologics are in the stage of experiment and discovery and that the therapeutic and prophylactic value of biological as well as other agents cannot be definitely determined by any board or small group of men. This testimony is highly significant if

applied to the nationwide propaganda of the U. S. Public Health Service in its attempt to "educate" the public regarding these products.

The late Dr. William H. Park, who represented the New York City Department of Health, testified before the committee, page 116, that—

"I remember some time ago I was asked to make a vaccine for a certain party, years ago, and I told him I did not have the facilities. He said:

"I don't care at all whether you have the facilities or not because I can advertise the sale of the product, and even if you give me stone dust, if you will put your name on it, I can sell it.'"

Congressman Stanley H. Kunz of Illinois quoted from a letter he had received, (p. 35) from the Chicago Medical Society, Dr. R. R. Ferguson, secretary, as follows:

"We believe the therapeutic and prophylactic value of biological as well as other agents cannot be definitely determined by any board or small group of men, irrespective of their ability or honesty of intention. The proposed amendment places unwarranted powers in the hands of a governmental board and opens the way for bureaucratic control of medicine."

Congressman Kunz also presented a letter from the health department of the *Chicago Tribune*, which said:

"The measure requires that what are known as 'biologics' should be labeled with the opinion of the commission as to their efficacy. In the last analysis, such a statement, being nothing more than the statement of the opinion of a group of individuals, it may be, and most of the time would be, a better opinion than the rank and file, but it still would remain an opinion, and as such is not infallible. There would be difficulty in deciding whose opinion is best on such a question. Shall it be a laboratory or a clinical opinion? If it should be the opinion of the clinicians, shall they be private physicians, or whom? The opinion might vary according to the personnel of the commission. What are to be the scientific standards of the commission? On that much would depend. It is well known that amongst different kinds of practitioners, and as to different kinds of remedies used by practitioners, there are different opinions. While the opinion printed on the label would be the individual opinion of the men who make up the commission, or a compromise between those several opinions, they would be accepted as United States Government opinions, and would therefore be given more weight than they would be entitled to.

"The biologics, so-called, are the newest form of remedial agencies. They are still in the stage of experiment and discovery. An opinion as to one of them that is good in the light of the known facts may be bad in the light of the facts discovered six months afterwards.

"Any effort to standardize the opinion of anything that is in the stage of investigation and discovery is bad policy."

Communications stating that "The therapeutic and prophylactic value of biological as well as other agents cannot be definitely deter-

mined by any board or small group of men, irrespective of their ability or honesty of intention," published in the report of the hearings, page 101, were signed by the following as well as by a long list of other prominent physicians:

Edward H. Olsner, president, Illinois State Medical Society; Frank F. Hoffman; W. P. MacCrocker, M.D., ex-president Chemical Society; K. B. Rich, ex-president, Chicago Medical Women's Club; Gustav Wedel; W. C. Lettum; W. G. Hibbs; H. Noski; L. D. Snorf; W. L. Nobley, ex-president, Illinois Med. Society, chairman board of trustees, Univ. of Ill.; J. A. Clark, ex-pres., Chicago Medical Society; E. E. Dewey; J. B. Clark; Cromchudy Shain, Sec. Surgery, Illinois State Soc.; G. Henry Mimott, delegate to American Med. Assn.; J. Zabokitsky, M.D., ex-pres., Bohemia Society; Oscar Cleff; J. M. Lilly, asso. prof. Medicine, Loyola Univ.; Blanche A. Burgner, M.D., Second Vice-president, Illinois Medical Society, president, Medical Women's Club, 1923; W. D. Pennington.

Opinions on Vaccines and Serums Controversial

Doctor Harrison testified, page 147, before the committee on behalf of the United States Public Health Service that "So far as the physiologic action, or therapeutic effect is concerned, that is a thing which is rather difficult for any set of physicians—I don't care who they are—to lay down laws for the medical profession of the entire country."

The question was raised if Doctor Harrison claimed that laws were laid down for the medical profession of the entire country to which he replied in reference to composition that: "We do as to certain standard products. We do in diphtheria antitoxin, tetanus antitoxin, typhoid vaccine. We do on things we can measure."

The following discussion between Doctor Harrison, Mr. Norman Hapgood, Dr. Henry K. Craig, Dr. Gustave Goldman and Congressman Henry R. Rathbone took place showing that simply because certain vaccines and serums are approved today by "regular" physicians generally, this is no proof they will not be repudiated later as was the case with bleeding, which at one time was practiced by most physicians, and today is condemned:

"Doctor Harrison. I don't think, Mr. Chairman, that there are any preparations on the market at the present time that have not a certain proportion of the medical profession in favor of them.

"Mr. Hapgood. That is putting the case very differently. The whole medical profession believed that bleeding would cure anything a little while ago. You can always get a certain proportion to support anything.

"Doctor Craig. How long ago, Mr. Hapgood, about 150 years ago, wasn't it—about that time—that they stopped that preposterous treatment?

"Mr. Rathbone. No, sir. It has been more recent than that. It is a matter of historical knowledge that Mr. Washington in his last illness was bled.

"Doctor Goldman. Well, we have methods that are safer and that are frequently applied, although they are nevertheless the same principle.

"Doctor Craig. Ninety-five per cent of the medical profession are against bleeding now."

Admits Vaccines and Serums May Prove Fatal

The following discussion, pp. 43-46, not only shows that all vaccines and serums are more or less dangerous but also brings out that serious results following their administration have been concealed. Even though Dr. Charles S. Butler, Commander Medical Corps, United States Navy, was requested to produce the record on which he based his statement that serious results had followed injections in some cases, there is no report of the record being forthcoming:

"Mr. Penfield (representing the Sherman laboratories). Doctor, are vaccines dangerous?

"Doctor Butler. Yes, sir.

"Mr. Penfield. In what respect?

"Doctor Butler. Anything that is prophylactic or curative—anything that has a prophylactic or curative value has danger in it.

"Mr. Penfield. Is there any record of mixed vaccines administered under the skin doing any harm?

"Doctor Butler. Yes; they have killed people.

"Mr. Penfield. Of your own personal knowledge, and in your own personal experience?

"Doctor Butler. Yes; my experience . . .

"Doctor Sherman. May I ask the doctor just one question? Can you show any record where any mixed vaccine, when given in the treatment of disease, or when given as a prophylactic, under the skin, not intravenously, when injected under the skin, has caused any deaths?

"Doctor Butler. Yes, indeed; yes, sir.

"Doctor Sherman. I want you to produce the record. I certainly do want you to produce the record, and if you have had any such experience personally yourself, don't you think it would have been your duty to make the records, so the medical profession might know it?

"Doctor McCoy. That is not a fair question to ask. They are confidential records.

"Mr. Rathbone. Counsel has asked all sorts of questions. He has asked his legal opinion, his personal opinion, and everything else, and this has opened up an interesting subject of inquiry. It appears now that these are far more dangerous than I had supposed. It makes me think there is more need of something being done to protect the public than ever before.

"Mr. Kunz. Could you produce that record?

"Doctor Butler. Yes, sir; I could produce the record with the permission of the Surgeon General of the Navy.

"Mr. McLeod. We might ask at a later time that we see that record.

"Mr. Kunz. I think it would be a good idea.

"Mr. McLeod. At a later date, Doctor, with the consent of the Surgeon General of the Navy, would you be willing to produce such a record here?

"Dr. Butler. Yes, sir . . .

"Dr. Butler. Mr. Rathbone, I believe this, that vaccines have a potentiality for killing people, just the same as any other remedy, opium or strychnine or anything else. You are giving these vaccines to produce an effect, a beneficial effect. Most things that have a beneficial effect, occasionally go the other way around. Take, for instance, tetanus toxin or diphtheria toxin, the antitoxin may, occasionally, produce serious results. It is not the usual case. . . .

"Dr. Kramer. Doctor, in your own department, you have encountered accidents, vaccines administered by your own men, said vaccine being prepared in your own laboratories; is that the case or not?

"Dr. Butler. I have made typhoid vaccine and have gotten bad arms from it. It may have been from overdosage, or it may have been from idiosyncrasy, but a certain percentage of people vaccinated against typhoid will get a rather severe reaction out of it. Very, very rarely you may get a death out of it.

"Mr. Rathbone. Doctor, you think the danger is largely obviated by standardizing these things, don't you?

"Doctor Butler. They all have to be standardized, but the effect of the vaccine on the patient is a result, not only of the vaccine but of his particular idiosyncrasy toward it."

Diphtheria Was Being Abolished Before the Immunization Campaigns Were Instituted

In forty-five states, out of a total of forty-eight, it is optional with parents whether or not they shall have their children inoculated against diphtheria.

North Carolina is the only state which requires general immunization of children and West Virginia is the only state which requires immunization for admission to the public schools. New Jersey rejected

a bill in 1943 to require immunization for admission to the public schools. However, it did pass a law a few years earlier leaving it optional with local boards of education whether or not they wished to make this form of treatment a requirement for admission to the public schools.

The following table of statistics by the United States Bureau of the Census shows a reduction in the death-rate from diphtheria in the registration area of the United States from 40.3 per hundred thousand persons in 1900 to 14.0 in 1918 when the immunization campaigns were first being instituted:

Year	Death-rate from Diphtheria per 100,000	Year	Death-rate from Diphtheria per 100,000
1900	40.3	1922	14.6
1901	33.5	1923	12.0
1902	29.8	1924	9.3
1903	31.1	1925	7.8
1904	29.3	1926	7.4
1905	23.5	1927	7.7
1906	26.3	1928	7.2
1907	24.2	1929	6.5
1908	21.9	1930	4.9
1909	19.9	1931	4.8
1910	21.1	1932	4.4
1911	18.4	1933	3.9
1912	17.6	1934	3.3
1913	18.1	1935	3.1
1914	17.2	1936	2.4
1915	15.2	1937	2.0
1916	13.9	1938	2.0
1917	15.6	1939	1.5
1918	14.0	1940	1.1
1919	14.9	1941	1.0
1920	15.3	1942	1.0
1921	17.7		

An article by Edward A. Lane, M.D. in *Public Health Reports*, the official weekly bulletin of the United States Public Health Service for May 5, 1933, p. 473, gives statistics of diphtheria mortality for ten states for which such data was available over a long period of years. These statistics show a reduction in diphtheria mortality in New Jersey from 108.8 in 1879 to 16.2 in 1918; a reduction in Massachusetts from 195.8 in 1876 to 15.6 in 1918 and similar reductions in other states. In New York City, where the immunization campaigns first originated, there had been a reduction in diphtheria mortality from 295 per hundred thousand in 1875 to 23. in 1918.

Immunization Fails to Prevent Diphtheria in 911 Cases in Rural Districts of New York State

The following table is from an article by E. L. Stebbins, M.D., H. S. Ingraham, M.D., and H. L. Chant, M.D. in the *New York State Journal of Medicine*, April 15, 1940, p. 661:

Reported Diphtheria Cases Among Individuals With a Verified History of Immunization According to Immunizing Agent Given

New York State, Exclusive of New York City, Buffalo, Rochester, Syracuse, and Institutions, 1927—1938

Year	Diphtheria Cases Previously "Immunized"			Total-Cases of Diphtheria Among Immunized Population	All Cases of Diphtheria Reported
	Toxin-antitoxin	Fluid toxoid	Alum ppt. toxoid		
1927	93			93	2,563
1928	127			127	1,830
1929	114			114	1,398
1930	101			101	1,018
1931	104			104	788
1932	55	5		60	434
1933	66	8		74	459
1934	51	12		53	327
1935	52	18	1	71	334
1936	22	24	4	50	263
1937	15	9	9	33	157
1938	9	10	12	31	103
Total	799	86	26	911	9,674
Estimated					
total im-					
munized					
individuals					
at risk					
	829,900	207,400		157,500	1,194,800

Immunizing Procedure Undergoes Many Changes

The Schick test has now been practically abandoned for children under ten years of age because it was found subject to errors in so many cases. The following paragraph is from an editorial in the *Medical Journal and Record*, March 3, 1926:

"There is a growing feeling among public health workers that the Schick test should be abandoned in the immunization of large groups of children. In fact, there are those who believe that it is a useless procedure both in private and public health practice. Kellogg, who has had a wide experience with the toxin-antitoxin immunization procedure in his capacity as director of the Bureau of Communicable Diseases of the California State Board of Health,

believes that the Schick test is subject to errors in application which more than offset its informative value."

Likewise the preparation used for immunizing children has undergone a variety of changes in the United States.

Toxin-antitoxin continued to be used for a period of more than ten years even though it proved highly dangerous. In Dallas, Texas, there were sixty-nine cases of illness, including ten fatalities, following its use and damages were awarded out of court ranging from \$100 to \$1,000. in each case. In Bridgewater and Concord, Massachusetts in 1924 forty-four children were made ill. An investigation was instituted in Australia following cases of illness resulting from the use of toxin-antitoxin and the Ministry of Health in Austria forbade the use of toxin-antitoxin following six fatalities resulting from its use.

North Carolina, which is the only state which requires general immunization of children, had 56 fatalities from diphtheria in 1943 and a death rate from diphtheria of 1.5 per hundred thousand as compared to a death-rate of not more than 1. per hundred thousand throughout the United States.

During the past fourteen years repeated references have appeared in medical literature of unusually severe diphtheria in central Europe and the results of serum treatment in many of the outbreaks have been referred to as "singularly disappointing." As a result questions have been raised if there are "complex and insufficiently understood aspects of the development of mass immunity independent of artificial prophylaxis" and if different varieties of diphtheria bacillus are "endued with different epidemic potentialities involved."

As all the preparations now being offered for the immunization of children against diphtheria are followed by serum sickness to a greater or less degree, it is obviously unAmerican to require that parents cause their healthy children to become ill as an alleged protection against a disease which is being wiped out through other means.

What a Fact-Finding Legislator Would Discover About Compulsory Vaccination

1. That there is no smallpox to prevent as shown by a total of not to exceed 10 fatalities and less than 1,000 cases reported in recent years in the entire country.

2. That this wiping out of smallpox in the United States has taken place without making vaccination a requirement in the majority

of the states. Only ten states make it a requirement. Six states leave its requirement optional with local authorities and four states have laws which definitely provide that vaccination shall not be made a requirement.

3. That included among the states where smallpox is being wiped out are a number of states where vaccination in recent years has been made optional. In 1915 New York State abolished the vaccination requirement in the rural districts of the State. In 1918 Arizona abolished compulsory vaccination by referendum vote of the people. And by the Acts of 1911 and 1921 California abolished its vaccination requirement.

4. That the experience of England closely parallels the United States. In England vaccination was made optional by the passage of a conscience clause in the Acts of 1898 and 1907 and for the period 1931-40 only 36 per cent of births were officially reported as vaccinated and the number of fatalities from smallpox had declined to 0.04 per million of population.

5. That the presence or absence of classical or virulent smallpox bears no relation whatever to the vaccination laws in any country but it does bear a direct relationship to the progress of the respective countries in the improvement of sanitary and general living conditions. Smallpox is endemic in India. Mexico, Italy and the Philippine Islands have experienced disastrous epidemics of smallpox notwithstanding the most stringent laws providing for compulsory vaccination and revaccination of the population.

6. That the type of smallpox being reported in the United States is generally of such a mild type that it is continually being confused with chicken-pox and it should therefore be treated and handled as a mild disease.

7. That the advocates of compulsory vaccination are unable to guarantee that vaccination will prevent smallpox as evidenced by persons being vaccinated fourteen times and still contracting the disease.

8. That there is today a greater risk of illness or fatality from vaccination than from smallpox.

In a communication to the Citizens Medical Reference Bureau, Inc., December 7, 1932, the United States Public Health Service called attention to 85 "probable or proven cases of post-vaccination encephalitis" which had come to their attention during the years 1922-31 and 194 cases of what were "probably post-vaccinal tetanus" during the same period. Twelve additional cases of post-vaccinal encephalitis

were mentioned in a subsequent communication under date of March 9, 1936.

It is estimated that from 4 to 6 per cent of persons are made sufficiently ill from vaccination to cause loss of time from school, work, or other usual activities.

Numerous warnings have appeared in medical and public health literature against vaccinating persons who have an infection of the skin or leukemia.

Also vaccination has been known to light up other diseases which have become quiescent.

9. That while many physicians are sincere in their belief in vaccination and are not influenced solely by a desire for personal profit, it is significant to note that the agitation in favor of compulsory vaccination emanates chiefly from those who administer or manufacture the vaccines.

Influenza Serum Widely Heralded by Health Boards, Millions of Persons Experimented Upon and Later Rejected

Col. Victor C. Vaughan was reported in the *Journal of the American Medical Association*, December 21, 1918, as stating before the American Public Health Association that:

"We have tried with the greatest thoroughness the vaccines for influenza. We have used influenza vaccine in great quantities, all they could make in the Army Laboratory, and have used all that Dr. McCoy could spare, and also have used that which Dr. Park has furnished us from the New York Laboratory and I do not hesitate to say that it has not done one bit of good . . . Any man, whether he be in private life, in the Army or in the Public Health Service, who vaccinates anybody for pneumonia or for influenza and tells him that it is going to prevent the disease is not telling the truth."

The findings of The Council on Pharmacy and Chemistry of the American Medical Association, as reported in *The Journal of the American Medical Association*, December 2, 1944, to the effect that "At present any attempt to prevent colds by the use of vaccines must be recognized as purely experimental and any proposal to administer such a vaccine, if given at all, should take this into consideration" are discussed in further detail in Chapter IX of this book.

Says Effective Preventives for Measles, Whooping Cough and Scarlet Fever Are Not Yet Available

Having in mind the extensive use of convalescent serum for the alleged prevention of measles over a long period of years; and experi-

ments carried on with whooping cough vaccines and serums for the prevention of scarlet fever it is significant to note the following declaration published in the February, 1941, issue of the *Quarterly Bulletin* of the City of New York Department of Health:

"It is unfortunate that effective preventives for these diseases are not yet available."

In this connection Howard H. Mason, M.D., in the *Journal of the Medical Society of New Jersey*, August, 1927, said:

"Whooping cough is another disease in which active immunization by vaccination has been tried extensively. The New York Board of Health has now given it up as of very questionable value. The evidence from all sources has been very conflicting . . .

"As yet, we have no satisfactory method of protection against the large group of upper air passage infections, headed by the common cold. Vaccines, both autogenous and stock, are, in my experience, a gamble. Sometimes they appear to do good and then again they have no effect."

Thousands of Children Have Been Experimented Upon With Infantile Paralysis Vaccines

A department of health is more or less immune from court action to recover damages for injuries incurred through unnecessary experiments. And the glamour of attempting to discover some new fact in science and the comparative ease with which a department of health is able to obtain children for medical experiments all tend to create a spirit of over-zealousness about experimenting upon children. A department of health is in a position to obtain large numbers of children for medical experiments because of the prestige of its high office; its intimate contact with the press; health centers, hospitals, orphan asylums and the schools, but what a few departments of health seem to lose sight of is that this intimate contact with hospitals also involves a sacred trust not to take an unfair advantage of babies and children, who are placed under their supervision.

Prior to 1934 departments of health in many cities and states had been requesting persons who had recovered from infantile paralysis to donate a quantity of blood for making up a serum for the alleged prevention of infantile paralysis.

Then in its issue for June 23, 1934, *The Journal of the American Medical Association* editorially said in regard to whole blood and convalescent serum that "neither of these methods has been used to a sufficient extent in well controlled experiments to provide data of

value, either in favor of or against its efficiency." Convalescent serum became less and less popular and the field was clear for trying out something new.

In an article in the *Journal of the American Medical Association*, February 9, 1935, Dr. John A. Kolmer et al tells of "immunizing" twenty-five children with his vaccine "at the request or with the written consent of the parents, nineteen being in Temple University Hospital in the pediatric service of Dr. Ralph M. Tyson, to whom we are indebted for this cooperation."

Likewise in July, 1934, Dr. Maurice Brodie, Assistant Professor of Bacteriology at the New York University, and Dr. William H. Park, director of laboratories of the New York City Department of Health, announced that they would have a vaccine, which Dr. Brodie had developed, tried out upon themselves.

On August 19th (See *New York Times*, August 20, 1934) Dr. W. Lloyd Aycock, director of research of the Harvard Infantile Paralysis Commission, gave out a lengthy interview in which he was quoted as saying that "nature does a better job of immunizing than we could hope to do artificially" and that the Kolmer method of vaccination would be hazardous for general application.

Notwithstanding this warning sounded by Dr. Aycock, an article entitled "300 Inoculated for Paralysis in Secret Test," appeared in the *New York Herald Tribune*, August 24, 1935, stating that "In a secret test, sponsored by the New York City Department of Health, several hundred Brooklyn children are being inoculated with the new anti-poliomyelitis vaccine developed by Dr. Maurice Brodie, of New York University, it was learned last night."

An editorial in the *New York Times*, October 11, 1935, stated that "Dr. Kolmer believes that he has immunized 12,000 persons, and Dr. Brodie presents a figure of 8,000."

The dispatching of the vaccine to distant points and the difficulty and cost of securing thousands of monkeys in a hurry for preparation of the vaccines were described in lurid headlines in the press until on November 1, 1935, the press carried a lengthy report of an article by Dr. Simon Flexner of the Rockefeller Institute for Medical Research, which was published in "*Science*," November 1, 1935.

Doctor Flexner presented the following observations at the close of his article in "*Science*," November 1, 1935:

"(1) No adequate evidence has been presented showing that through the

action of physical and chemical agents the virus of poliomyelitis may be attenuated so as to preserve its immunizing properties, while being deprived of its potential paralyzing power.

“(2) The available evidence indicates that virus exposed to injurious physical and chemical agents is either inactivated (destroyed) or merely reduced in concentration. When the virus is actually destroyed it no longer possesses immunizing power; when it is reduced in concentration, it immunizes certain animals and may paralyze others. The proof that the treated active virus has not been attenuated is provided by the recovery of fully active virus from the paralyzed animals.

“(3) No evidence exists showing that passage of virus through monkeys removes its power to infect and produce paralysis in man. On the contrary, we possess convincing observations which show that an indeterminate number of passages of virus through human beings does not deprive it of its potential paralyzing effect when injected into monkeys.”

Schools Used to Promote “Massacre of the Tonsils” and Goiter Campaigns

Two campaigns carried on by medical inspectors in the public schools, which come under “Preventive Medicine” campaigns, were the campaign for the wholesale cutting out of tonsils and the campaign to promote the use of iodine as an alleged preventive of simple goiter. Both of these campaigns have received very great criticism in medical journals.

Some idea of the extent of the wholesale cutting out of tonsils may be gained from the London Letter to *The Journal of the American Medical Association*, published in its issue July 9, 1938, which states that it had been estimated that 200,000 tonsillectomies were performed annually in that country “and that the operation accounted for a third of all the operations with general anesthesia performed in the United States.” Also *The Journal of the American Medical Association* in a “Current Comment,” March 16, 1940, stated that “According to Public Health Reports 1,235,000 tonsillectomies are performed each year in the United States.”

The Journal of the Michigan State Medical Society, December, 1924, stated that it is estimated that fifty per cent of the present day tonsillectomies are unnecessary and that this fifty per cent has been classified as the “gasoline supply” of some doctors.

In an editorial, April, 1926, the same journal again referred to the commercialism in this wholesale cutting out of tonsils by saying that—

"There are a goodly number of doctors who have paved the street in front of their offices, or who purchase and operate their automobiles with tonsils . . . Many who would not undertake other operative procedures consider themselves as competent to remove tonsils. There are bad results and damage suits are increasing."

Coincident with a campaign of a number of salt manufacturers to popularize a salt containing iodine some years ago the United States Public Health Service began to issue one publication after another discussing the alleged need of iodine as a preventive of simple goiter in certain sections of the country where sea food was less plentiful.

A campaign was carried on in many of the schools for administration of iodine tablets to school children.

The New York State Department of Health even went so far as to say, as reported in the *New York State Journal of Medicine*, March 20, 1925, that "It seems possible that the most practicable way to eliminate the disease would be to compel, by Federal enactment, the iodization of all table salt carried in interstate trade." The same article was very enlightening as regards the enormous commercialism resulting from such health board propaganda. It said in part:

**"STATE DEPARTMENT OF HEALTH
"Iodized Salt Trade Flourishes in Lockport**

"The Division of Communicable Diseases has received a number of interesting communications from Dr. Thomas E. Spaulding, health officer of Lockport, on the subject of the use of iodized salt in his community. Early in February, Dr. Spaulding distributed in the public, private and parochial schools of the city, about 4,200 circulars on goiter prevention through the use of iodized salt instead of ordinary table salt. This was apparently followed by a rushing business in the salt trade. Dr. Spaulding states that no less than seven wholesale houses are supplying the local grocers with iodized salt. The usual retail price is 15 cents for a two-pound package.

"Dr. Spaulding reports that representatives of one firm stated that they had wholesaled 35 cases of 24 packages each to local grocers, and that they had orders for 15 cases, but that the orders were not filled, as available stock was exhausted, although a carload was on the way to the city. He believes that other firms are doing a similar business . . .

" . . . it seems possible that the most practicable way to eliminate the disease (simple goiter) would be to compel, by Federal enactment, the iodization of all table salt carried in interstate trade. If this were done, the considerable effort now being made by health and educational authorities in combating goiter would be unnecessary."

By way of contrast to this widespread health board propaganda at public expense it is significant to note what many of the leading medical authorities had to say about the indiscriminate use of iodine.

Heber J. Sears in the June, 1924, number of "*Hygeia*," a monthly magazine issued by the American Medical Association, said:

"Let no one, however, from what has just been said, undertake self-treatment for goiter by the use of iodine. Iodine in goiter is like a two-edged sword and should be administered only by a competent physician after a careful study in each case, because there is one type of poisonous goiter in which iodine is extremely harmful."

An item in *California and Western Medicine*, May, 1924, said:

"The hysteria about the prevalence of goiter and the specificity of iodine in curing it has grown to astounding proportions in certain parts of the country.

"It is reported that 'surveys' of the school children in some places show that more than 50 per cent of them have the 'beginnings' of goiter. Some enthusiasts are demanding that the school departments establish goiter clinics, and one of them already has planned a 'pre-goiter clinic.'

"The next thing we know suicide by drowning will be indecent unless the water contains iodine."

In recent years the iodine propaganda in the public schools apparently has become a dead issue.

Public Health Service Severely Criticized in Congress for Creating Alarm Over Pellagra in the South

The alarm which the United States Public Health Service had created in July, 1921, over the alleged prevalence of pellagra in the South was the subject of severe criticism on the part of many United States Senators and Congressmen from a number of Southern States as well as in the public press.

"After the great typhus epidemic with which some of our health advisers menaced the nation early this year disappeared from the front pages of the newspapers, sane medical men and sanitarians hoped the country might get through the summer without another similar assault on its nerves and credulity," said the *New York Herald* in its issue July 28, 1921, and added:

"It was not to be. Scarcely had the necessity for national economy begun to vacate the desks of sinecurists in Washington than the Public Health Service discovered an 'emergency' due to pellagra in the cotton States. At once the mills of publicity began to grind, and already a good many folks are alarmed over the outlook, while a few are on the verge of that condition of panic in which a certain type of health officer takes a delight in keeping as many folks as he can.

"So excellent are the facilities of the Public Health Service for frightening the public that it is almost useless even to hope that it will fail to scare most of us in this instance . . . But the system of disease prevention which begins by invoking panic is based on an erroneous and mischievous belief that only through terror can the public be brought to cooperate with sanitarians. This is not the case."

Senators Kenneth McKellar of Tennessee, Park Trammell of Florida, Ellison D. Smith of South Carolina, F. M. Simmons of North Carolina and Senator Pat Harrison of Mississippi and Congressman Wright of Georgia took the position that there was no cause for alarm as regards their particular States and voiced their strong disapproval of the sensational charges to the effect that there were 100,000 pellagra victims in the South. Their remarks were published in the *Congressional Record*, July 28, 1921.

CHAPTER IX

HOW ORGANIZED "REGULAR" PHYSICIANS HAVE SOUGHT BY LAW TO REGULATE ALL OTHER METHODS OF HEALING

The history of organized "regular" medical practice in the United States is largely a history of the efforts on the part of so-called "regular" physicians to regulate by law all other practitioners of the healing art under the guise of safeguarding the public against quackery and raising the standards of medical education.

Militant Attitude Became Accentuated With the Streamlining of the Medical Profession

"Considerably less than a half a century ago, two years of study (the second year being a repetition of the first) led to the degree of M.D.," said Fred C. Zapffe, M.D. in an article in the *Graphic Survey*, June 1, 1928. Dr. Zapffe further stated that "The greater number of physicians in practice today came through a preceptorship essentially same as in the period just preceding that of 'reading' with a physician. The preceptorship never was a requirement, whereas, 'reading' a physician was essential for medical students in its day." Dr. Zapffe also stated that "A number of schools are now engaged in educational experiments, some having to do with shortening the course of study, others attempting to weld instruction into a more homogenous whole, and still others, to formulate a plan stressing the art of practice of medicine rather than the science of medicine."

With the lapse of a period of sixteen years since the statement referred to was made by Dr. Zapffe, it cannot now be stated that the majority of physicians in practice today came through a preceptorship "essentially the same as in the period just preceding that of 'reading' with a physician," but it is true that such was the case before the streamlining of the "regular" medical profession got under way.

The American public maintains a hands off policy as regards any which "regular" physicians may wish to make as regards the streamlining of their own practice, but when "regular" physicians

become militant and seek by law to regulate the practice of all other methods of healing according to the standards they adopt for themselves then it ceases to be recognized as a private medical problem and becomes a public question and the people want to know whether this proposed streamlining of non-medical methods of healing is based upon arbitrary standards which fail to take cognizance of the one standard the people are most interested in—the healing of the sick.

What the People Want When They are Sick Is Service

The fallacy behind arbitrary standards for the regulation of the healing art is brought out in an address by Irvin Arthur, M.D., entitled, "The Medical Profession and the People," published in the *Journal of the Indiana State Medical Association*, November 15, 1923 at the request of the members of the Gibson County Medical Society.

"The people of this country are demanding of the medical profession something more than shaking up test tubes and looking through microscopes. The thing that they demand most of all when they are sick is service, and if they cannot get it from the medical profession they will get it somewhere else," said Dr. Arthur.

The following extracts are also from the address by Dr. Arthur:

"To the observer of things medical it is evident that there is something wrong with the relation existing between the medical profession and the people of this country. The blame is being shifted from one side to the other without a satisfactory solution of the question. Medical practitioners blame the medical schools, while medical school men are inclined to think that practitioners are not doing their full duty.

"It is generally conceded that the medical profession is losing its grip upon the people. Our medical laws are being repudiated by trial juries and state legislators refuse to enact more stringent laws to regulate the healing art. The people of California, by popular vote, have refused to recognize the medical practice act of that state. . . .

"It has been said truthfully that our medical schools are unfitting men to practice medicine at the bedside. This being true, it follows that they are defeating the main purpose of the schools, which is the development of general practitioners of medicine.

"It is said that in Germany medical education has been conducted as a university function in the true sense of the word. The English schools are largely vocational in their methods and spirit and attack in a very direct way the development of the general practitioner of medicine. Naturally our earlier schools were patterned after the English methods of teaching, but in the last twenty years they have been swinging toward the German plan and the pendulum has swung so far that it now smacks very much of a 'made in Germany' product.

"This does not suit the people. They are not dissatisfied because it comes from Germany, for they do not know much about that. They are now demanding a practical education in the public schools and they will not be satisfied with anything short of this in medical education. We have been trying to force this pure scientific program on them for twenty years and we see now that we are making an utter failure.

"'Medicine' has been defined as knowledge culled from science, used in the treatment and prevention of disease. According to this definition it is difficult to find much of the teaching of medicine in the first two years of the curriculum. Pure science is being taught and many of the men conducting these courses are not capable of culling these facts from science. They have not gone into the medical course themselves and know very little of what is used there. Furthermore, too many of them are not concerned with medical knowledge but are conducting their work for the sole purpose of building up their science.

"They boast of giving these medical students a scientific foundation and mental discipline. They tell them that if they dig deep enough and long enough in these laboratories they will finally find the key that unlocks all of the problems in the treatment of disease. But they have been digging for twenty years and they have not yet found it."

"Regular" Physicians Have No Monopoly of Scholastic Attainments

No one for a moment questions the value and importance of scholastic attainments in any walk of life, but scholastic attainments are in no way the exclusive property of the "regular" medical profession.

Many of the most outstanding scientists, authors, lecturers and statesmen at the present time and in the past have publicly championed the cause of non-medical methods of healing or have expressed their disapproval of certain medical practices such as vaccination against smallpox. Also a considerable number of duly licensed "regular" physicians have abandoned their adherence to prevailing medical theories and practices and are now practicing non-medical methods of healing.

Ralph Waldo Emerson, one of the most profound philosophers of the Nineteenth century, used verse not only to teach solemn truths about freedom, but also to teach the lofty metaphysical concepts of the savants in far distant lands.

Trousseau is said to have remarked as he gave a patient a prescription "Take this quickly, while it is still a cure."

Longfellow wrote, "Joy, temperance, and repose, Slam the door on the doctor's nose."

George Bernard Shaw is widely known as an anti-vaccinationist and is the author of the famous play, "The Doctor's Dilemma."

Alfred Russel Wallace, the English scientist, devoted Chapter Eighteen of his book, "The Wonderful Century," to the subject "Vaccination A Delusion—Its Penal Enforcement a Crime."

Charles Creighton, M.D., was selected to write the article on vaccination for the Ninth Edition of the *Encyclopedia Britannica*.

Edgar M. Crookshank, Professor of Comparative Pathology and Bacteriology, and Fellow of King's College, London, was the author of the "History and Pathology of Vaccination," in 1889, which played an important role in the passage of a conscience* clause which had the effect of abolishing the vaccination requirement in England.

Dr. A. Grotjahn, Professor of Hygiene, University of Berlin, led the movement against the vaccination requirement in Germany prior to the outbreak of World War II.

Space forbids any attempt to chronicle all the men of letters who now and in the past have publicly expressed their disapproval of prevailing medical practices in one form or another.

Scholarship Not the Final Criterion

No one would seek to deny that if a physician is authorized by law to perform major surgical operations and to administer drugs, serums or vaccines, which in some instances prove fatal, he should have a knowledge of anatomy and the probable effect of the medicinal products he administers.

The nationwide recognition given to Sister Kenny in her treatment of cases of infantile paralysis is a striking example of the fact that a medical training is not the final criterion in the practice of the healing art. Sister Kenny is a nurse—not a duly licensed physician.

Every individual who attempts to tell another person what he should eat or when he should take a walk or when he needs a vacation is in a sense practicing the healing art. And every thought and every act of every individual in his or her daily life is intimately related to the practice of the healing art. The healing art includes among its practitioners varying groups, and the requirements that apply to a masseur, or a physical director, for example, are entirely different from the requirements that properly apply to some other group.

"General intelligence, even great scholarship in all directions outside of medicine, is no criterion for judgment in the matter of means and methods for curing disease," said Frederick Peterson, M.D., in an article in *The Journal of the American Medical Association*, December 6, 1919, and added:

"Of Berkeley, one of the greatest minds of England, a philosopher, a scholar, it was said, 'Ancient learning, exact science, polished society, modern literature, and the fine arts contributed to adorn and enrich the mind of this accomplished man.' He was a distinguished bishop as well as an illustrious scholar. But he discovered an elixer of life made by mixing a gallon of water with a quart of tar, leaving it for 48 hours, and pouring off the clear water. . .

"The same psychologic factors are at work in us as in the general public for the creation of faith in the new drug or in the new method. We do not know enough about it to be sufficiently critical. This ignorance of ours prepares the ground for the new belief, the new conviction. Its value is asserted by authority. And we are eager to believe in the new hope of help held out to us for the healing of the sick. Then, again, there are the marvelous mysteries behind all the new names—harmones, opsonins, endocrines, amboceptors, etc.—such a wide field for new facts, such a vast horizon for new theories. We can hardly be blamed for not being always able to get our bearings in these uncharted seas."

Any Attempt to Streamline the Practice of the Healing Art Would Stifle Progress

Any attempt to streamline the practice of the healing art according to the standards which have been adopted by so-called "regular" physicians would tend to stifle progress of the healing art for the following reasons:

The so-called "scientific" training prescribed for "regular" medical students is not adapted to the training of practitioners who hold an entirely different view with regard to the cause of disease and who have no intention or desire to use habit-forming drugs, serums or surgery. The requirements, therefore, which properly apply to one group of practitioners are entirely different from the requirements which properly apply to some other group.

Much of the progress in the practice of the healing art has been contributed by persons who have acquired their education and training outside of a medical college. Such persons must be encouraged to continue giving their particular contributions to the healing art without attempting to compel all practitioners of the healing art to become integral parts of a vast medical machine, whereby if anyone dares

to openly protest against the pronouncements of his superiors he finds himself an outcast and is treated accordingly.

While a college training is generally regarded as "the easy way" to obtain an education it does not necessarily follow that the man so trained is superior intellectually or is capable of rendering a greater service to humanity than the man who receives his education and training "the hard way" through application, study and personal experience, and the fact that many persons who receive their education and training "the hard way" are able to render the service they do is of inestimable benefit to college and university authorities in revising their curriculum to better meet the needs of their students.

"Mass Education" Condemned

As evidence that educators are more and more coming to recognize that they must break their habit of thinking that "the same intellectual diet provides the same results, or equally beneficial ones, for everyone" is indicated by the following extracts from a news item in *The New York Times*, January 10, 1945, entitled, "Educators Weigh the 'Liberal Arts,'" reporting an address by Dr. Constance Warren, president of Sarah Lawrence College, at the first of a series of three conferences on education sponsored by THE NEW YORK TIMES in cooperation with the Public Education Association:

"Arguing for the recognition of individual differences, Dr. Warren said educators must break with the 'old tradition of certain informational routines being essential for all students' and throw the emphasis on selecting the intellectual experiences 'which will help each to develop the power to think and act as a mature man free from infantilisms.' Education of the future, she added, must place upon students far heavier responsibilities, and challenge them to greater maturity at a far earlier age.

"'With a reasonably clear picture of the student's intellectual abilities, personality traits, physical equipment and past experience, we should stop our present fumbling, discard the outworn idea that certain material educates all students the same way and intelligently hunt for the educational material best suited to enable each student to become an adult and effective person,' Dr. Warren said . . .

"Educators must break their habit of thinking that 'the same intellectual diet provides the same results, or equally beneficial ones, for everyone,' Dr. Warren declared. Intellect, she added, cannot be educated in isolation from the emotions, nor can the 'intellectual potentialities' of the individual be treated as a mass problem. Mass education, where students learn lessons from textbooks and anthologies, 'which they regurgitate on examination papers in order to receive the rubber stamp of a diploma,' may appear cheap on the surface, she observed, but 'it is the most expensive education imaginable.'"

The More Expensive Medical Training Becomes, the Greater the Tendency for Physicians to Adapt Their Practice Toward Reimbursing Themselves

It has been estimated that the cost of educating a physician for a period of eight years approximates \$20,000. Morris Fishbein, M.D., who makes this estimate in a book by him published in 1932, adds that "If, at the age of 18, he were to put \$20,000 in the bank, he would have at the age of 50 almost enough income to live comfortably thereafter without hard work." Elsewhere in the same book Dr. Fishbein in giving expression to his views criticising the naturopaths says: "The real naturopaths were, of course, such healers as Father Kneipp, Priessnitz, and others who advocated natural living and healed by the use of sunlight, baths, fresh air, and cold water, but there is little money to be made by these methods."

The statement that "there is little money to be made by these methods" may offer an explanation for the findings of Frank H. Krusen, M.D., in an article in *The Journal of the American Medical Association*, August 19, 1944, that "Physical medicine has not been given the recognition that it merits by the medical profession or by the public at large."

Also, as much of the activities of organized physicians are directed toward finding new fields for medical endeavor and toward placing obstacles in the way of non-medical practitioners, the question might well be raised as to the extent to which these activities are attributable to the desire on the part of many medical students just out of college to reimburse themselves for the expense incurred by them in obtaining an education, and how much this desire to be reimbursed is responsible for fee-splitting, exorbitant fees and unnecessary operations and treatment and a Code of Ethics which makes it unethical for one physician to testify against another physician and which also makes it unethical for any physician in private practice to expose such conditions in the public press unless he does so in the name of his particular medical society.

Streamlining As Applied to Biologic Products

The streamlining of the medical profession has also led to the streamlining of the manufacture of medicinal products. The licensing of biologic products by the Federal Government for interstate sale must of necessity give the benefit of the doubt in favor of any product

which offers any possible indication of being either curative or preventive, and this system of licensure has cleared the way for a gigantic industry in the sale and manufacture of these products.

The following warning sounded in a "Current Comment," published in *The Journal of the American Medical Association*, February 14, 1920, is highly significant:

Commercial Domination of Biologic Therapeutics

"The danger of commercialized therapeutics has been enormously increased by the introduction of biologic products. These substances offer a rich field for the commercially minded, first, because of the remarkable results which seem to have followed the use of certain products of this type; second, because the field is new and the mode of action of these substances not readily understood and, third—and most important—because, by the very nature of the problems involved, few physicians are well informed concerning them. The influenza epidemic of last year was widespread and fatal in character. It stimulated earnest research in methods of prevention and cure. We were all in a frame of mind to grasp at any straw. Here and there some worker would cry "Eureka"—only to be disappointed when his product was actually put to the test. However, there were more than enough manufacturers ready to place any product on the market with specious claims that could not be positively denied. Vaccines, serums, proteins—all were advanced with such glowing statements as to their properties that only those physicians who kept their feet firmly on solid ground could resist the appeal. Now we have another epidemic—mild, it is true—but the memories of last year make the average physician ready to accept anything which promises hope, and the manufacturers—'make hay while the sun shines.' Physicians have been and are being deluged with literature on the prophylaxis and treatment of influenza. So far as we know, few publications have contained any word of warning on these matters. One exception has just come to notice; the *Medico-Military Review*, a semi-monthly mimeographed publication sent to medical officers of the Army by the Surgeon General's Office. This says:

"'You Are Reminded that so far a comprehensive analysis of results obtained by the use of monovalent and polyvalent vaccines in the prevention of influenza had not demonstrated their value. Much carefully, controlled experimental work is now being carried out on this subject both in civil institutions and in the Army, and any worthwhile advances will be reported in the *Review* from time to time. If a prospective vaccine is developed, it will be prepared at the Army Medical School for general distribution and all medical officers will be duly notified. The general use of the present commercial polyvalent protective against influenza is not considered desirable. Numerous telegrams and other requisitions are being received for influenza vaccine. In view of the fact that no prophylactic influenza vaccine is available, such requisitions should be discontinued.'"

Evidence That "Regular" Medical Practice Is Exclusive

The American public has been subjected to a gigantic hoax in the claim advanced by organized physicians that after dropping the name

“Allopathic” and substituting the name “regular” that they now practice no exclusive method of healing.

“New and Nonofficial Remedies,” published annually by the American Medical Association, is the guide book of the “regular” medical profession as to what drugs, serums and vaccines have been accepted by the Council on Pharmacy and Chemistry of the American Medical Association.

“Regular” medical practice, based upon the use of these drugs, serums and vaccines is exclusive in that large numbers of persons regard the use of these products as harmful rather than beneficial.

Every phase of so-called “regular” medical theory and practice has been so completely brought to the attention of the public in syndicated articles appearing in the press and by addresses over the radio and on the public platform that no detail has been omitted.

Also the particular drugs or other medicinal products recommended by “regular” medicine for a long list of diseases are outlined in detail for the lay public to read in a book of more than 900 pages, edited by Morris Fishbein, M.D., Editor-In-Chief of the American Medical Association, and sold on public book counters.

Says At Present Any Attempt to Prevent Colds By the Use of Vaccines Must Be Recognized as Purely Experimental

Having in mind the many millions of doses of vaccines for the alleged prevention of influenza and the common cold which have been administered during and following World War 1, the following “Conclusions” contained in a report of The Council on Pharmacy and Chemistry and the Council on Industrial Health, published in *The Journal of the American Medical Association*, December 2, 1944, p. 897, are highly significant:

“Conclusions

“Vaccines prepared from a variety of bacteria commonly found in the respiratory tract have been prepared and combined in sundry ways and have been administered by various routes with the purpose of preventing colds, decreasing their incidence, ameliorating their symptoms, shortening their duration or decreasing their complications, or all of these combined. These objectives are all highly desirable. Unfortunately the evidence of individual case reports does not have any value in a disorder such as ‘the common cold,’ which probably covers a multiplicity of infections which are only symptomatically related. The only evidence which has scientific value is that which can be obtained by carefully controlled studies by qualified observers on large numbers

of persons over a sufficiently long period of time to overcome the natural fluctuations in the major features of this symptom complex. Decisive evidence of the value of any vaccine is not forthcoming, and the weight of careful studies clearly indicates that none of the vaccines now available when administered by the routes advised have proved value. Vaccines for colds cannot be recommended for routine-administration to industrial groups or to individuals. At present any attempt to prevent colds by the use of vaccines must be recognized as purely experimental and any proposal to administer such a vaccine, if given at all, should take this into consideration. As in all measures of a purely experimental nature, the uncontrolled use of any cold vaccine now available should be discouraged. Industrial physicians are under particular obligation to employ cold vaccines, if at all, only under the most rigidly controlled conditions and to report their results so that useless preparations can be promptly eliminated and further progress made."

Model Basic Science Law Drawn Up in 1926

That the goal of organized "regular" physicians is to devise some means for securing a medical monopoly of the healing art is revealed in the report of the Annual Conference of Secretaries of Constituent State Medical Associations, held at Chicago, November 19-20, 1926, as published in the *American Medical Association Bulletin*, January, 1927.

"Laws regulating the practice of medicine are not accomplishing their purpose," said William C. Woodward, M.D., Executive Secretary, Bureau of Legal Medicine and Legislation, of the American Medical Association in an address entitled, "The Ineffectiveness of Medical Practice Acts—Basic Science Acts as a Remedy." "They are intended to protect the public against incompetence, professional and otherwise, in the prevention, relief and cure of illness and injury; they have not done so," said Dr. Woodward.

Dr. Woodward also stated that "The public is, therefore, probably not materially better off now than it was when our medical practice acts were first passed." He then submitted a tentative draft of a proposed basic science act prepared by the Bureau of Legal Medicine and Legislation "to establish a state board of examiners in the basic sciences underlying the practice of the healing arts, to provide for its organization and powers, to provide that certification by such board be a prerequisite to eligibility for examination for license to practice the healing arts and to define healing arts."

The healing art is defined in Section 2 and an accompanying note as embracing all methods of healing. It reads as follows:

"Section 2—*The Healing Art Defined.*—For the purposes of this Act, any license authorizing the licentiate to offer or undertake to diagnose, treat,

operate on or prescribe for any human pain, injury, disease, deformity or physical or mental condition is a license to practice the healing art.

"Note:—The purpose of this definition is to bring within the scope of this Act all licenses to practice medicine, osteopathy, chiropractic, naturopathy, sanipractic and other modes of healing or attempted healing. The definition here given is broad enough to cover dentists, midwives, nurses and optometrists, but a later provision excepts them from the operation of the Act."

Basic Science Measure Defeated in California Election by Vote of 2 to 1

A measure designed to establish a basic science law in California was placed on the ballot in the November, 1942, election and was defeated by a vote of 1,132,957 against the proposed legislation to only 584,324 votes in favor of a basic science law, the proportion being 1.94 against to 1 in its favor.

The proposed basic science law in California was sponsored by the California Medical Association. Both sides had ample opportunity to present the facts to the voters and the proposed basic science law was turned down by the people.

Clinical Osteopathy for December, 1942 published a tabulation of the votes for and against the initiative by counties and stated that "In many counties the vote against the measure was in the proportion of about three to one, and in a few of the smaller counties it was more than four to one."

Osteopathic Journal Says State After State Has Either Turned Down "Basic Science" Laws or Amended Them Making Original Bills Unrecognizable

In an editorial December, 1942, p. 194, the *Journal of the American Osteopathic Association* states that "In state after state the legislators either have turned down 'basic science' legislation completely, or have enacted laws of such mongrel nature that the sponsors of the original bills could not recognize them." Following is a copy of the editorial:

"The People Act on Basic Science

"For the first time the people, as distinguished from legislators, have had occasion to express themselves on 'basic science' legislation. The medics put the question, by initiative, on the ballot in California, where it went down to overwhelming defeat on November 3. Not all of the returns are in at this writing, but there are indications that the majority against it was nearly or quite 700,000, something like 2 to 1, with probably not more than two counties for it.

"'Basic science' did have quite a vogue for a time. That is, for a little while additional states were added to the column every year or two. But such legislation, in the form sought by the M.D.s, has had hard sledding more recently and probably not more than two bona fide 'basic science' laws of the type sought by the allopaths have been enacted since 1935 (not counting one state which re-enacted its legislation where it had been invalidated by a court on a technicality). In the past three years, only two such laws of any type have been enacted—that in New Mexico, where out of a board of five one is a D.O., one is a D.C., and one is an M.D., and that in Rhode Island, which is more nearly the type of law sought by M.D.s.

"In other words, the attitude of legislators toward 'basic science' legislation in recent years has indicated their recognition of the true inwardness of allopathic duplicity. The pitiful thing about it all is that because of the number of such bills introduced, and the nature of the conflicts resulting, the impression given to legislators and others in influential positions is that those practicing the healing arts are more interested in their own dogfights than in the service of humanity. Though a tremendous amount of money and effort have been expended by the M.D.s in an effort to put this 'basic science' trick over, it is obvious that that expenditure was less than what was paid in popular esteem.

"In California a new technic was tried. The issue was taken directly to the people. The osteopathic profession in California rose to the occasion and, under a plan of campaign promulgated by the State Society, did a splendid job of plain, unvarnished, education. They presented clear, undistorted facts, showing the lack of any occasion for such unnecessary shackling of the licensing system.

"In state after state the legislators either have turned down 'basic science' legislation completely, or have enacted laws of such mongrel nature that the sponsors of the original bills could not recognize them. Now the sponsors of this excrescence upon licensing laws have gone to the people. And the people have spoken.

"R.C. McC. and R.G.H."

Los Angeles Times Exposed Medical Intolerance

Referring to lectures by Dr. Morris Fishbein at the Pasadena Community Playhouse and the Beaux Arts Theater in Los Angeles, the *Los Angeles Times*, in an editorial January 10, 1930, entitled "Medical Intolerance," said:

"Leaders in every modern line of human endeavor, in religion, in statesmanship, in business, in the arts and sciences, are the men and women who are governed by the spirit of tolerance and reasonableness in their relationship with their associates, their competitors and the public in general. The appeal to bigotry, narrow-mindedness and bygone prejudices has been relegated to the small fry of circumscribed intelligence.

"It is, therefore, to be regretted that Dr. Morris Fishbein, editor of *The Journal of the American Medical Association*, should attempt to hog-tie the

medical profession in the strait-jacket of intolerant conformity to dogmatic theories from which the helpers and healers of humanity at large have of late been so successful in freeing themselves."

"His slur on Los Angeles as a paradise for medical quacks is a boomerang that hits hardest the very profession Dr. Fishbein has elected himself to defend," said the *Los Angeles Times*, and added:

"For Los Angeles has at least as large a number of regular medical practitioners per capita of population as any other city in the United States. Moreover, these regular practitioners enjoy the confidence of the community to the same degree as the naturopaths, the hygienists, the diet experts and the believers in the simple form of healing-through-faith employed by Christ himself.

"Had Dr. Fishbein been born in Judea in the days of Herod the King he would no doubt have been among the first to fulminate against the unauthorized Nazarene who dared to heal the sick without drugs or knife. He would have included in his list of 'healing fads and quackeries' the case of the woman in Galilee 'who had an issue of blood twelve years, who had spent all her living on physicians, neither could be healed of any,' and the Master's reply to her belief in Him, 'Thy faith hath made thee whole; go in peace.'

"Followers of this faith have no quarrel with their neighbors who prefer the system of medical ethics built on the original ideas of Hippocrates and Galen. But neither should an advocate of this one limited school presume to ridicule those who find help and healing in the precepts and example of the Founder of the Christian religion, whose teachings are accepted by a large majority of the American people.

"If there are fifty cults in this community formed to fight disease, outside the orthodox medical pale, as Dr. Fishbein alleges, it is but another sign of the immensity of this field of research and how much territory remains to be covered. Should some explorer discover that many ailments, now allocated to the pharmacopoeia and the operating table, could be as effectively cured by attention to diet and hygiene, he would decidedly deserve well of his fellow-beings. Medical diagnosis under the canons of the regular school is not such an exact science as to call for sneering reference to the substitution of the violet rays of the sun for the oldtime allopathic drug doping in the treatment of tuberculosis.

"By branding all indiscriminately as quacks, faddists, fakes and impostors who do not subscribe to his narrow views of what constitutes the practice of healing, Dr. Fishbein has displayed an inflated ego which happily is rare among the earnest men and women who comprise the great modern army of doctors and physicians. No one denies that there are many charlatans and quacks in this, as in every other large city, who exploit the sufferings and sickness of humanity for their own personal profit. It is the duty of every good citizen to expose such practices when they come under his notice. In doing so Dr. Fishbein would have been properly within his province. But this is an entirely different proceeding from virulently attacking organizations and systems recognized as beneficial by large numbers of our best credited and most influential people."

Banker and Legislator States Reasons Why He Believes Healing Art Should Be on a Competitive Basis

"The provisions of the osteopaths' and chiropractors' bills are bringing to the mind of each of the members of the House of Representatives the inference that all is not well in the public mind with regards to the standing of the members of the A. M. A., and the present difficulties that the medical fraternity are experiencing in the Michigan legislature may be considered as a reaction of the general public to the methods and practice employed by SOME of the medical doctors during recent years," according to a letter from a Michigan banker, who also was a member of the Michigan State Legislature, as originally published in *The Journal of the Michigan State Medical Society*, June, 1929, and reprinted in the *New York State Journal of Medicine*, July 1, 1929, p. 848. "In other words, it is the handwriting on the wall that the medical Fraternity has spots on it, and is due for an internal house-cleaning, properly conducted by its own members and officers," said this Michigan banker and legislator, and added:

"Within the last eighteen months, an eminent surgeon, during a gathering of men of his kind in an eastern city (and I deplore the fact that I lost the newspaper clipping, which I have had occasion to quote many times), stated that 95% of the surgery performed in America was needless, was merely inflicting a permanent wound on the body, and in the long run was discrediting the medical profession in the eyes of the consuming public. You may know of, off-hand, to whom I am referring. I am sorry I cannot give you his name as the clipping has been lost.

"From my own personal experience I must say that the medical services rendered to members of my family have been far from satisfactory, and had engendered in me a wholesome disgust of anyone who uses the term Specialist. I will outline some of our experiences briefly:

"Exhibit One—Dr. X. in 1915 performed an operation on my wife. While the fee charged was very reasonable, the results were almost negligible. Aside from this, the surgeon saw fit in his superior ego to capitalize socially on the case. I will let you draw your conclusions in your own imagination.

"Exhibit Two—Dr. Y. in 1925 performed an operation on my wife, making a nine-inch incision for a so-called exploratory operation, and removed from her a perfectly normal appendix, as was proven after the operation by the nurse. This operation resulted in very intestinal adhesions, from which the patient suffers today. Of course, the bill was a trifling \$300, to say nothing of the hospital expense, the pain, the fear and anguish. The basic trouble for which she was operated remains today. Judge for yourself.

"Exhibit Three—Dr. Z. in 1927 operated on my nine-year old daughter for what he termed a dangerous acute case of appendicitis. He removed a perfectly normal appendix, as was again proven by the nurse's testimony, sent me an invoice for \$150, which was only a small part of the total cost to say

nothing of the child's fear, terror and pain. Aside from this ailment, which we might in days past recognize as a plain, old-fashioned case of belly-ache, this child is a physically perfect specimen. Again I ask you to judge for yourself.

"Our experiences are mere samples of what the public is suffering at the hands of cross-road mechanics, who style themselves as surgeons, and who proceed through their crude guess work to abstract money from peoples' pockets by the instrument of fear, which is the same process used by the gunman in his tactics to relieve his victims of their money. Personally, I see no difference in the final outcome in either case if the surgery has been uselessly performed.

"It cannot be expected that the general public are going to forever stand defenseless against such tactics as this. In my every day occupation, I am a banker, and many a wage earner comes to me soliciting a loan that his wife or some other member of his family may have a surgical operation, and I am wondering if this surgery has been as brutal and as foolish as has been performed on my own family, as I know it takes these men anywhere from three months to a year to discharge this debt incurred for such operations. Surely, the practice of 'gyp' surgery in the case of low paid working men is an abominable crime.

"This tirade may seem a long way from discussing the osteopath bill, but I am not the only one to whom people have told that they have gone from pillar to post, from one specialist to another, submitting to costly treatments, expensive operations, only to find themselves in worse condition than when they started. Some of these people have reported relief by osteopathic or chiropractic treatment. How much depends upon this latter treatment one can make is questionable.

"Now, let us sum this up into one paragraph: Is the medical profession actually performing a conscientious service to the lay public that gives them a cure or a relief at a minimum of suffering and expense? That is a question for the A.M.A. to answer, and when the A.M.A. can answer this question absolutely in the affirmative, then it has a right to demand that legislative bodies the country over will protect public health by restricting business of administering to the sick to the members of the A.M.A.

"Again, I wish to assure you that this letter is intended strictly in the sense of constructive criticism. I like to see people well, and I like to see physicians prosper, but I do not like to stand by silently, just to be a shrewd politician, and see the public buncoed. I feel that it is time for the A.M.A. to rid itself of its fossilized code of ethics, which in the long run are almost mythical, and come down to a true competitive basis that will give the public value received, the same as the manufacturer, merchant and the public utilities and other forms of human endeavor must do, in order to incur and maintain public good will."

Sectarianism Within the So-Called "Regular" Medical Profession

What the late Professor William James of Harvard College said about the sectarianism within the Allopathic or so-called "regular"

medical profession in an address delivered before the Committee on Public Health at the State House, Boston, Massachusetts, March 2, 1898, applies with equal force today.

The following extracts are from the address by the late Professor James regarding the exemption of the mind-curers from the operation of a drastic law at that time pending before the Massachusetts legislature as published in *Banner of Light*, March 12, 1898:

"Were medicine at present a finished science, with all practitioners in agreement about methods of treatment, such a bill as this, to make it penal to treat a patient without having passed an examination, would be unobjectionable. But it would also be unnecessary then. No one would attempt to cure people without the instruction required.

"But the present condition of medical knowledge is widely different from such a state. Both as to principle and as to practice our knowledge is deplorably imperfect. The whole face of medicine changes unexpectedly from one generation to another, in consequence of widening experience; and as we look back, with a mixture of amusement and horror at the practice of our grandfathers, so we cannot be sure how large a portion of our present practice will awaken similar feelings in our posterity. . . .

"So we have great schools of medical practice, each with its well-satisfied adherents, living on in absolute ignorance of each other and each other's experience. How many of the graduates, recent or early, of the Harvard Medical School have spent twenty-four hours of their lives in experimentally testing Homeopathic remedies, or seeing them tested? Probably not ten in the whole Commonwealth. How many of my learned medical friends, who today are so freely denouncing mind-cure methods as an abominable superstition, have taken the pains to follow up the cases of some mind-curer, one by one, so as to acquaint themselves with the results? I doubt if there be a single individual. Of such experience as that, they say, 'Give me ignorance rather than knowledge.' And the Club-opinion of the Massachusetts Medical Society pats them on the head and backs them up. I don't blame any set of practitioners for remaining ignorant of all practice but their own. The subject is too overwhelmingly great. It takes an entire life to gain adequate experience of a few diseases and a few remedial methods. When a doctor notes what he considers good effects from his own practice, it is natural for him to let well enough alone, and refrain from exploring unknown lines. Here, as elsewhere, individual success goes the better for a certain narrowness, which therefore, is not wholly evil. But when ignorance and narrowness, instead of being humble, grow insolent and authoritative, and ask for laws whose only immediate result can be to consecrate and perpetuate them, then I think that every citizen interested in the growth of a genuinely complete medical science should rise up and protest."

Recommends "Mind-Your-Own-Business" Society

"I suggest that perhaps the best thing for rational, ethical medicine to do would be to form a great big Mind-Your-Own-Business Society. Then let the other fellows do about as they please," said

Henry M. Fitzhugh, M.D., of Baltimore, in a discussion at the Annual Congress on Medical Education, Medical Licensure and Hospitals, held at Chicago, February 16-18, 1931, as reported in *The Journal of the American Medical Association*, April 25, 1931, p. 1409, and added:

"If we would form a Mind-Your-Own-Business Society and stick to it, our business would be to search the fields of science and research and knowledge, and select whatever will be of any use to us in our endeavors to relieve and prevent disease. The second part of business would be to develop our personnel to include in the great profession people of such character and ability as to provide first class medical service for the community. The third part of our business would be to develop instrumentalities by means of which the personnel could make the knowledge effective, hospitals, clinics, whatever is necessary to make knowledge effective. Think of the doctors themselves. We are a representative body of men, but we are not so hot. We don't know what gives a fellow a cold in the head. We talk about filtrable virus but we don't know much about it. We are fighting cancer, but more are dying of it every year. It is the same with heart disease. The public isn't terribly concerned about being protected. People want a chance to do what they please and pick out the best man in the community."

Dr. Thomas J. Crowe of Dallas, Texas, was reported at the same conference as saying:

"I have in mind the word 'quack.' That word as we use it in the press, in public addresses in meetings and elsewhere has done more to retard the progress of scientific medicine than any other word in the English language. It never pays to ridicule, and abuse is a dangerous boomerang; not infrequently it returns to do injury to the man who threw it. . . ."

Most Homeopathic and Eclectic Colleges Have Been Wiped Out

That organized "regular" physicians are undaunted in their campaign for a medical monopoly of the healing art is indicated by the fact that in spite of the overwhelming defeat of a basic science law by popular vote in California, approximately one-third of the States have enacted basic science laws in a much-amended form.

In 1901 there were 124 so-called "regular" medical colleges in the United States as against 21 Homeopathic and 10 Eclectic medical colleges. Today the Eclectic and Homeopathic colleges have either closed their doors or have made changes to comply with "regular" medical requirements. The Hahnemann Medical College and Hospital of Philadelphia still retains the name Hahnemann but the New York Medical College, Flower and Fifth Avenue Hospitals, New York, has dropped all semblance of being Homeopathic from its name. In 1945 there were only 69 "approved" medical colleges in the United States.

With the wiping out of so many Homeopathic and Eclectic medical colleges, "regular" physicians have had a clear field in recent years for substituting vaccines and serums and chemical preparations for the milder remedies prescribed by Homeopathic physicians and for the plants and herbs of the Eclectic physicians.

The Citizens Medical Reference Bureau, Inc., holds no brief for Homeopathic medicine, Eclectic medicine or any other method of healing, but it does maintain that the health of the individual is too personal and sacred a matter to entrust entirely to a politically-minded group of physicians in a field where there is such a wide divergence of opinion and where so much danger exists of commercialistic trends and the usurpation of individual rights held sacred by the Founders of this Republic.

CHAPTER X

CONSCIENTIOUS OBJECTION TO COMPULSORY MEDICATION

Many eminent physicians, scientists and statesmen agree with Voltaire when he said, "I disapprove of what you say, but I will defend to the death your right to say it."

The battle against compulsory medication, therefore, is not limited to persons who find by experience that they can best maintain their health and happiness without adherence to some particular form of medication, which it is sought to make compulsory.

Rather it is the struggle for the rights of minorities on which democracy, enlightenment and progress depend for their existence.

The aims which normally dominate ambitious men, including love of power and influence, were brilliantly set forth in an address by J. W. Carr, M.D. in his presidential address before the Medical Society of London. The address by Doctor Carr is referred to at length in Chapter I of this book.

The struggle for statutory recognition of conscientious objectors is therefore largely a struggle between the advocates of democracy, enlightenment and progress against the efforts of a few politically minded physicians who seek by law to dominate other persons to satisfy their ambition for power and influence.

Physicians Know Their Knowledge Is Relative

At a time when many physicians are endeavoring to convince themselves and then the public that all their motives are purely unselfish and that their time, thoughts and endeavors are devoted solely to furthering the physical well being of their fellows other physicians have the courage of their convictions and do not hesitate to reveal their shortcomings.

Attacks Current Pediatric Errors

A most illuminating paper directing attention to current pediatric errors was presented by Harry Bakwin, M.D., Associate Professor of

Pediatrics, New York University College of Medicine, at a meeting of the American Pediatric Society, Atlantic City, New Jersey, September 27, 1944. The paper by Doctor Bakwin was published in *The New England Journal of Medicine*, June 14, 1945.

While Doctor Bakwin believes that notable progress in child care has been made since the turn of the century, he mentions certain practices that have come to be recognized as erroneous and that have been, in the main, abandoned. "But there remain many others, equally erroneous and harmful, that continue in every day use," says Doctor Bakwin. Doctor Bakwin says:

"The American Child Health Association report emphasized that tonsillectomy, as currently practiced, represents in the main a useless expenditure of time, effort and money. Furthermore, the focusing of interest and effort on this operation leads to neglect of defects that are in need of correction . . ."

According to Doctor Bakwin there are no data indicating that indiscriminate hospitalization for delivery has had a favorable influence on either maternal or neonatal mortality. He refers to the experience of the Frontier Nursing Service of Kentucky, organized by Mrs. Mary Breckinridge in 1925, and says:

"The results of their experience with the first 4,000 deliveries are summarized in Table 2. The large majority (92.7 per cent) of deliveries were done in the homes, which were extremely poor ones, and by midwives. The maternal mortality was only 0.75 per 1000 births, as compared with 5.6 for the white population of the United States at the same time and 5.2 for the white population of Kentucky. Operative deliveries were rare. The stillbirth and neonatal death rates did not differ significantly from those of the country as a whole.

"Hospitals are unsuited for the care of the newborn. Physicians and parents who would hesitate to permit an older infant in a hospital ward seem to have no qualms about having newborn babies there, even though obstetric nurseries are generally more crowded than is the usual infant ward . . .

"A great drawback in the hospital is the separation of mother and baby. This is unnatural and unphysiologic . . .

"Aside from other considerations, indiscriminate hospitalization increases the cost of medical care without benefiting anyone . . .

"Eating should mean roasts, sauces, puddings, pies—not calories, vitamins, minerals. A bit of home cooking is what men travel far to enjoy. The dining table should mean lively discussion and conversation, light or profound. It should be a pleasure, not metabolic wrangling. As between chef and dietitian, I choose the chef without reservation . . .

"The physician, eager to justify his function, is rarely content to tell the parent of a child who comes for a health examination that the child has no defects that require correction. He finds flat feet, large tonsils, malocclusion, a heart murmur, a tight prepuce, rickets, undernutrition and poor posture.

Most of these are normal variants, but the physician often leads the patient's parents to unnecessary trouble, expense and anxiety by his prescriptions.

"The mistaken practices and attitudes that have been listed are not isolated phenomena. They are part and parcel of the practice of medicine today, resting on assumptions that permeate daily routines. They represent, so to speak, the dead wood of medicine, perhaps the necessary obverse of gains in medical experience . . ."

How Doctor Hadwen Fought to Practice His Profession With a Clear Conscience

How compulsory medical laws, greed and intolerance can be made to give way to principles is strikingly portrayed in the life of the late Walter R. Hadwen, J.P., M.D., of Gloucester, England.

To Doctor Hadwen the only thing that mattered was to have a clear conscience. He was a man of principle. His scholastic achievements, his willingness to make great sacrifices in order to be of service, his ability to make friends and his ability as a writer and an orator combined to lay the foundation for a life of fame and fortune. But at no time did Doctor Hadwen hesitate to sacrifice friends, fame or fortune, if need be, in order to have a clear conscience.

The life of Doctor Hadwen is admirably set forth in a book by Beatrice E. Kidd and M. Edith Richards entitled *Hadwen of Gloucester, Man, Medico, Martyr*, published by John Murray, Albemarle Street, W., London.

The vindication of Doctor Hadwen in his trial for manslaughter for not administering antitoxin to one of his patients is also set forth in a *Verbatim Report of the Trial of Rex v. Walter Robert Hadwen*, beginning October 27, 1924. The report covers approximately sixty pages and attracted so much attention in medical circles throughout the world that it was published in full as a supplement to *The (London) Lancet*. It was also republished in full by the British Union for Abolition of Vivisection, 32, Charing Cross, London, S.W.1.

Doctor Hadwen's Premedical Training

Walter Hadwen was born August 3, 1854. His remote ancestors were originally Danish Vikings. His father applied his energies to the education of Walter Robert and his brother John Henry as soon as they could sit up. Mrs. Richards states that at the tender age of seven Walter could read Latin as intelligently as he could English.

When he was thirteen he passed his preliminary examination "for entrance into the Pharmaceutical Society."

Walter Hadwen passed from Chemist's Assistant to M.D., successful physician and J.P. with no outside assistance. After the age of fourteen, beyond a year or two's small expenses for clothes and pocket-money, he made his own way in the world.

How Doctor Hadwen Became an Anti-Vaccinationist

After Walter Hadwen had been in Highbridge nearly two years, there occurred an event fraught with far-reaching consequences, not only to himself, but to the whole country, says Mrs. Richards, and adds:

"A baby daughter made her appearance, and the law demanded that she should be vaccinated. His resistance to this danger for his child was the beginning of all the strenuous campaigns over many years which at last ended in the abolition of compulsory vaccination, by the introduction of the Conscience Clause, which he was chiefly instrumental in bringing about.

"He knew nothing about vaccination theoretically, hardly knew there was an anti-vaccinator in the country, but he knew of some horrible cases of disease which had resulted from it and he asked himself the question: "Shall my baby be submitted to the poison which can produce such dire results."

He saw the name of a Mr. Young in a paper somebody put into his hand. He took a special journey up to London to see Mr. Young, and found that gentleman in his study, which was crammed with literature on vaccination; before he went home he had learned enough to make him resolve that the lancet of the vaccinator should never touch his child's arm.

He was brought before the Bench four times for that baby, and it cost him £50; three times for his son and twice for the fourth child; and then they gave him up as a bad job!

"He was the first anti-vaccinationist ever summoned in the County of Somerset, and it created such a stir that crowds thronged the Court. After that there were long reports in the local papers and a vigorous correspondence was kept up.

"Batch after batch of anti-vaccinators were sent to gaol in Bristol, from Weston-super-Mare.

"Mr. Norman then wrote to him and asked him to speak on the public platform. He knew what that would cost him, and he hesitated to take the step; however, he felt he ought to do it, cost what it would.

"Needless to say, having made up his mind, he did the thing thoroughly, and left no doubt in anyone's mind as to what he thought of Jenner's Cult.

"Liberty and truth were behind it all, and he stood up for the right to protect his children against certain possible disasters which the future was

to see openly acknowledged by the whole medical profession (and others perhaps not yet recognized), and for the right of all parents to do the same."

Enters Upon a Medical Career

After ten years of life and work in Highbridge Mr. Hadwen in June, 1888, passed the necessary examination and secured his coveted Medical Students' Registration Certificate at the office of the Medical Council in London, in time to enter the Medical School at Bristol University for the Autumn Session of that year.

According to Mrs. Richards, Mr. Hadwen took rooms at Bristol, travelled up by the last train at night, slept and breakfasted, attended the lectures and came home when he had finished at the University, usually about 5 o'clock. He would then snatch a hasty meal and attend to the hundred and one business matters that had accumulated during the day. After which, two evenings a week, there were meetings at the Hall for prayer and Bible study, which he never missed; or letters to write; or study. Then the last train to catch and—off again.

This was his routine for three years until he took up temporary residence in London for the purpose of taking his degrees in Surgery from St. Bartholomew's and studying Midwifery at Queen Charlotte's Hospital.

"At last came the time for his Finals," says Mrs. Richards, and adds:

"He took the degree L.S.A. 'to have another string to his bow' in addition to the dual qualification of M.R.C.S. (Eng.) and L.R.C.P. (Lond.)

"At Bristol University he had carried off many trophies. He was First Prizeman in Physiology, Operative Surgery, Pathology and Forensic Medicine. He was Suple Prizeman and double Gold Medalist in Surgery and Medicine. He also won the Clark Scholarship in 1891 awarded to the most distinguished Medical Student of his year.

"Two years after this galaxy of successes, he snatched time to go to St. Andrews University, to sit for his M.D. degree. This was the last competitive examination open to non-residents for the degree of M.D. held by this University.

"Not in the least intoxicated was he by all his achievement. Just relieved and very thankful that he was 'through with it,' he went back to Highbridge, where his wife had been 'nursing his constituency,' and settled down to practice the noble art as before, among the people he had known and loved so long.

"His business was turned into a Company and eventually sold. It had fulfilled its purpose . . .

"When it became known that 'Our Doctor' was to leave Highbridge, great was the dismay. However, there was only one thing to be done, and the good folk set about doing it . . .

"They presented the Doctor with a handsome marble clock and side ornaments, and Mrs. Hadwen with a silver-mounted tea-tray, both suitably inscribed.

"In the speeches attending this presentation, the Doctor's many services to the town and its inhabitants were referred to with much appreciation. The sanitation of the neighborhood, the water supply, the surface of the roads, and other matters, had all been improved by his efforts, and above all, Highbridge was now to be promoted into a township, with a Council of its own, to govern its own affairs, instead of being under a largely non-resident District Council."

Doctor Hadwen Traced the Smallpox Epidemic of 1896 in Gloucester to Insanitary Conditions

In Chapter IX of the book, *Hadwen of Gloucester*, Beatrice E. Kidd reveals how Doctor Hadwen went to Gloucester during the smallpox epidemic of 1896 and traced the outbreak to insanitary conditions then prevailing in South Gloucester.

"The Sanitary Committee no doubt did its best in face of a sudden emergency, but the conditions could hardly have been worse, and the public was not forgiving," says Miss Kidd, and adds:

"At the subsequent November polls all were swept out of office, to make room for the Independents under Doctor Hadwen's leadership. He had to await a period of qualification as a citizen and ratepayer before he could offer himself as a candidate, but even after two years had elapsed he was returned to the Council at the head of the poll.

"The validity of his criticisms received triumphant vindication when the state of the sewerage system of the city was revealed. Many thousands of sanitary defects were officially reported and remedied. According to a statement by the Medical Officer of Health, there was greater sanitary activity in 1897 than for ten years previously. A new supply of good water had been obtained; and the main sewer, which extends throughout the entire length of the principal portion of the district that had been ravaged by smallpox, had been taken up and relaid at a lower level, so as to allow a better fall for the side streets. The cost of these improvements ran into very many thousands of pounds.

"Gloucester was never thereafter visited by any epidemic of true smallpox, and the toll taken by that disease has been as insignificant there as it has been throughout England.

"Hospital treatment was also brought up to date. Under the regime of Doctor Brooke, the free use of warm baths was adopted, as well as of oil, in which Doctor Hadwen was a strong believer. Doctor Hadwen was placed on the Sanitary Committee of the City Council and was appointed official visitor to

the Isolation Hospitals. Through the courtesy of the Medical Officer of Health he was permitted to use his own method of treatment in every case of smallpox that happened to be imported after Gloucester had ceased to be a breeding center. . . .

"In November, 1898, he was elected to the City Council for Barton Ward, the largest in the city.

"Again he headed the poll by a large majority.

"But such had been the effect of his vigorous campaign during the smallpox trouble that half his work was already done; new and complete regulations for the officials of the Sanitary department were drawn up mainly by his own hand, and Gloucester was a cleaner and healthier place to live in, in consequence.

"It was six years before he resigned his seat on the Council, years by no means without exciting and anxious happenings, for *laissez-faire* was no part of the Doctor's creed."

The Trial of Doctor Hadwen a Sequel to His Exposure of the Smallpox Scare

Two of the physicians who figured most prominently in the trial of Doctor Hadwen for manslaughter in 1924 were Dr. Edgar S. Ellis and Dr. Edward Graham. Doctor Ellis had visited a patient who had been under Doctor Hadwen's care and Doctor Graham also visited the same patient. Doctor Ellis diagnosed the case as diphtheria; and when the child passed away, he refused to sign a death certificate. This was followed by an inquest to which Doctor Hadwen had not been invited to attend. Then came the trial.

Both of these doctors had been members of the Gloucester Medical and Panel Committee, of which Doctor Hadwen was chairman, and both of these physicians had refused to meet him on account of his attitude in ridiculing the smallpox scare.

Doctor Ellis gave evidence at the trial as follows:

"Sir Edward Marshall Hall . . . Why should you, a member of the same profession, take upon yourself to communicate to a London paper matter derogatory to one of your brother professionals in the City?—Because he had been communicating to the local press, and to the press all over the world, matter derogatory to me, and to everybody else in the profession.

"In saying he did not believe in vaccination?—He said more than that.

"He simply said he did not believe in vaccination, and you people did, and you took it upon yourself to say that that was a reflection personally?—It was not a question of belief in vaccination; it was a question of the epidemic here, and the suggestion he made was that there was no smallpox in the town;

it was all chicken-pox, and that the whole epidemic had been trumped up for the benefit of the members of the profession.

"So you thought you would communicate private information with regard to his professional status to the newspapers?—I had been asked to give all the information I could.

"Mr. Justice Lush. Only chicken-pox, he said?—Yes.

"Sir Edward Marshall Hall. Do you know he was never given an opportunity of attending the post mortem on this dead child?—Yes. No more was I.

"What have you to do with it; you are not charged with the manslaughter of the child?—No.

"It may be, may it not, that the exploratory operation of yours, by the piercing of the lung to see if there was any fluid, having regard to the condition of that child, accelerated that child's death by some minutes, or possibly hours? I put it to you that that was a totally unnecessary and unjustifiable operation?—It was absolutely the correct thing to do."

Doctor Graham also answered "yes" when asked if he had written that he would be ashamed to sit on any public body of which Doctor Hadwen was a member.

Doctor Willcox Asked If It Is a Doctor's Duty to Administer Antitoxin If He Does Not Believe In It

In the testimony of Sir William Willcox, M.D. Mr. Justice Lush raised the question, "Supposing the opinion of a doctor is dead against antitoxin which the majority of doctors approve of, do you say that that necessarily connotes negligence on his part, although he may have been successful in curing patients who suffered from diphtheria without using antitoxin?" In reply thereto Doctor Willcox stated, "I think in the case of diphtheria that it is one's duty to give antitoxin."

Mr. Justice Lush also asked, "What do you think about a doctor's duty if he does go counter to the views of the vast majority of physicians in this matter. Is it his duty to tell the patient: 'Now there is a treatment which most doctors follow, but I do not use it; will you let me treat your child or not?' " And Doctor Willcox replied, "I think that would be so. "

The testimony of Doctor Willcox continued as follows:

"Sir Edward Marshall Hall. That is the view you would take of his duty?—Yes.

"Would you go so far as to say, in the case of a man who does not believe in it, it was wilful neglect of his duty not to do it?—I am afraid I must say so, because it may mean the death of the patient.

"Holding the view you do?—Holding the view I do.

"You hold the view, do not you, that abstention from vaccines is almost criminal, talking about smallpox vaccination?—I do not like to use the word 'criminal.'

"As near as makes no difference?—It is very wrong.

"And anybody who disagrees with that is, in your opinion, of course, misguided?—Yes.

"That is your strong, honest opinion, and with most people it would have great weight. Let us take another serum for a moment. Some years ago it was quite common, in cases of pneumonia, to inoculate with anti-pneumococcic serum?—Yes.

"That has now, except in Paris and Naples, been abandoned, has it not?—It has, to a great extent.

"Perhaps it is only fair to ask you this: Abandoned because you gentlemen in the profession have not yet satisfied yourselves that you have the proper serum?—That is right.

"You never abandoned the principle, but you think the serum that had been used was not sufficiently efficacious for the purpose?—Yes, and that applies to many others.

"I do not want to go into details, but there are many other sera which have, in the past, been injected with the belief that they were efficient, and have they now had to be abandoned by the medical profession?—Yes."

Doctor Hadwen Believed in Following His Conscience

In answer to the question, "Do you believe in the efficacy of antitoxin?" Doctor Hadwen replied, "I consider it a useless and dangerous remedy." The testimony of Doctor Hadwen continued:

"Mr. Vachell. You have said that you heard also the figures of the Hospital Boards in London dealt with. Do you agree that those show a very substantial reduction in the mortality where antitoxin has been administered?—They do, but I consider them a very unscientific collection of statistics.

"You say you do not believe in it?—That is so.

"Then you, I suppose, have never administered it yourself?—I have not.

"Never given it a trial?—I have not.

"Do you believe that it is right for anybody else to administer it?—Each one must act according to his own conscience.

"Would you mind answering it a little closer? Do you think if any other medical man administers antitoxin he is doing a right or a wrong thing?—It depends entirely upon his own conscience. Each medical man must act as he feels to be right.

"I am asking about your conscience; what do you think?—I am not going to give any answer to such a question.

"Would you willingly allow any patient who was suffering from diphtheria, any patient of your own, to be treated with antitoxin by another medical man?—Not if I could help it.

"Would you do your best to prevent it?—I would.

"And you have, have you not, published articles and pamphlets in which you have attacked the whole system?—I have.

"And scathingly referred to the practice of using it by medical men?—I have . . .

"Mr. Justice Lush. I wish you would clear up that difficulty which your question raised in my mind. If a doctor's view is that antitoxin is a bad thing for a child, there is no question of conscience; that is his view. If his view is it is a good thing you do not suggest his conscience would tell him still not to do it. Will you tell me what that means. What do you mean by saying as a matter of conscience you would not allow it to be administered?—Because conscience is that which tells a man whether his acts are right or whether they are wrong.

"But right in what sense; do you mean whether antitoxin is a successful remedy, or do you mean something else?—No, because I consider antitoxin a very dangerous remedy.

"Your view is that it is not a safe and proper remedy?—Undoubtedly, therefore my conscience would not allow me to make use of it.

"Mr. Vachell. You made some reference to it conflicting with the views of God in your opinion?

"Mr. Justice Lush. That is what puzzled me; I want to know.

"Sir Edward Marshall Hall. I do not think he said that.

"Mr. Justice Lush. What do you mean; the duty of a doctor is, I suppose, to do his best for the patient, is not it?—Undoubtedly.

"How does conscience, apart from a man's conscience telling him to do what is best for the patient, operate on your mind in these matters?—I can only say that conscience is, so far as I understand it, that principle implanted in man which leads him to decide before God what is right and what is wrong, and therefore for me to give anything which I believe to be wrong would militate against my conscience as before God.

"Mr. Vachell. You go further than that, surely. Not only do you practice for yourself what you think is right, but you endeavor to prevent other people practicing what you think is wrong?—It depends in what way you use the word 'prevention.' I have written, as you rightly say, a good deal upon this subject. I have not advocated compulsion in any way whatever, but I do seek in every way in my power to urge other people that they shall not adopt that which I do not believe in.

"And anything that you could do to prevent antitoxin being applied you would do?—Certainly.

"Mr. Justice Lush. On what grounds, that is what I want to understand?—Because I consider it is both useless and dangerous.

"Have you had a case in which you have found it worked out disastrously to the patient?—No, but I know of cases in others. One of the very earliest cases was that of Doctor Langerhans, of Berlin, who injected antitoxin into his own child and it was dead in three minutes.

"How long ago was that?—I forget the date, but it is quite a historical note."

Doctor Hadwen Testified He Did Not Regard Bacillus As Cause of Diphtheria

The following testimony was given by Doctor Hadwen after his declaration that he himself did not accept any bacillus as the origin of diphtheria:

"Mr. Justice Lush. Why; on what ground do you base that view? Dr. Hadwen does not accept the bacillus theory with regard to diphtheria. On what do you base that view? Is that the result of study?—Undoubtedly. I look upon the bacillus as the result of disease and not its cause.

"Mr. Vachell. You recognize the existence, of course, of the bacillus?—Yes, certainly.

"And I am not quite sure that you gave me an answer to this, namely, as to whether that bacillus is not the same in diphtheria as in croup?—I expect it is the same. I expect it is found in the same connection.

"Did you base your objections to antitoxin on those figures that you have just been giving to my Lord?—Yes, to a large extent.

"Not, I take it, on the particular edition of statistics that you have before you?—I follow the Registrar-General's statistics year by year.

"And on the same basis that you have dealt with them before your attention was called to the error?—Yes.

"And on that basis was it that you refused in all cases to administer antitoxin, and made, indeed, a crusade against it?—Largely upon the ground of statistics.

"Mr. Justice Lush. Is there anything else?—Certainly. Another reason is that I consider the injection of poisoned horse blood into a human system is not a scientific method of treatment.

"Mr. Vachell. But it is adopted by men with the highest knowledge of science, I think?—Yes.

"Whether the bacillus is the origin or the result, the evidence of the disease, I suppose, its discovery in a case where a person is suffering from these symptoms, would make the matter beyond doubt that he was suffering from diphtheria?—Certainly not. Loeffler himself, the discoverer of the bacillus, found the diphtheritic bacillus absent in 25 per cent of the cases of genuine diphtheria.

"But if you did find it. I am not saying you do not. Loeffler is not here, I suppose, is he? He was a German scientist, was not he?—Yes.

"What I am putting to you is this: If you did find the bacillus in the throat of the person who was suffering from these symptoms you would know at once that they had diphtheria?—Oh dear, no.

"Not even then?—No.

"Mr. Justice Lush. What?

"Mr. Vachell. If you found the bacillus in the throat of a person who was suffering from these symptoms.

"Mr. Justice Lush. You said then you would not diagnose diphtheria?—I should judge diphtheria by the clinical signs, and seeing that the diphtheria bacillus is absent in a large number of cases of genuine diphtheria, and that it is present, as Professor Osler says in his work, in every kind of sore throat from a simple sore throat to a septic angina, and that it can also be found in healthy throats, and, as one medical witness has said here, even in inanimate objects, I cannot possibly see what the diphtheritic bacillus has to do with the subject.

"Come to it a little closer. I have mentioned certain symptoms to you, and I understood you to agree that they by themselves were indicative, we will call it, of diphtheria?—Certainly.

"If in addition to those symptoms you discovered the actual bacillus itself in the throat would you have any doubt that that is what diphtheria is?—I should pay no attention whatever to the diphtheritic bacillus, because these bacilli are simply, judging by the great Professor Bechamp, the normal constituents of the body which have been altered by reason of their morbid environment.

"Then may I take it you would not take a swab?—I would not; I see no reason in it.

"Would that apply to all diseases like typhoid fever and everything else, in your opinion?—Yes.

"Do you discard the whole of the bacillus theory?—I discard the whole of the germ theory as causing disease.

"In all diseases?—I believe it is an absolutely unscientific idea.

"You think the whole of the medical profession practically have all gone wrong in attaching importance to the bacillus cultivation?—I consider so.

"You set up your judgment against them all.—Galileo!

"Mr. Justice Lush. Never mind Galileo; you base your judgment on statistics and nothing else?—No, I have already said I consider it an unscientific method of treatment.

"I do not at present understand that; that is only a name you give it, unscientific?—I have mentioned that to inject poisoned horse blood into a human body is to my mind contrary to even the dictates of nature."

Testimony Introduced Showing Antitoxin Is Fatal In A Certain Number of Instances

Sir Edward Marshall Hall introduced the following quotation from a standard work of Bosanquet and Eyre calling attention to fatalities resulting from the use of antitoxin in a certain number of instances:

"It cannot be denied that in a certain number of instances the injection of diphtherial antitoxin has been followed by death, directly attributable to the action of the serum. A melancholy instance was afforded by the sudden death of Professor Langerhans' infant son soon after a prophylactic dose of the serum, but this has been attributed to the existence in the child of the status lymphaticus, which predisposes to death from trivial causes. A similar case of sudden death is recorded by Boone, in a boy aged 10 years, who after an injection of 4,000 units of antitoxin suddenly sat up, clutched at his throat, became deeply cyanosed, and died. No cause of death was discovered at the necropsy. Mackeen reports a fatality in a girl aged 17, the subject of asthma and status lymphaticus: in this case the antitoxin was administered as a prophylactic. Most of the fatal cases recorded have been of the same sudden character."

Further testimony revealed that one of the joint authors of the book above referred to was the bacteriologist at Guy's Hospital and at St. Mary's Children's Hospital and that he was in charge of the vaccine department at Guy's.

Exposes the Statistical Trick of Changing the Diagnosis to Produce A Low Death-Rate with Antitoxin

The statistical trick of changing the diagnosis and thereby producing a low death-rate with the use of antitoxin was explained by Doctor Hadwen as follows:

"The antitoxin treatment was introduced in the year 1895. With the introduction of the antitoxin treatment came an entirely new method of diagnosis. Instead of the diphtheria being diagnosed in the old-fashioned, and as I consider, scientific way of physical signs and symptoms, it became the fashion to diagnose it by a germ. The result was that a great many common sore throats that would have got well under any circumstances were found, as Professor Osler and other writers admit, to have associated with them the diphtheria bacillus, and consequently they were called diphtheria. You can see that if you have an increased number of cases of common sore throat thrown into the count the death-rate will decrease. It is a remarkable fact that with this new method of diagnosis the number of cases increased materially. You have it here that in 1895 there were only 3,000 cases of diphtheria. In 1896 they had increased to 4,000; in the next year the number of cases increased to 5,000; in the next year they had increased to 6,000; in the next year they had increased to 8,000; and the more of these harmless bacteriological diphtheria

cases that were thrown into the count the less was the death-rate. May I put it in this way? Supposing you had, say, 100 cases of diphtheria, and there were 21 deaths, that means a death-rate of 21 per cent. You add to that 100 cases 200 harmless cases of sore throat with a germ with them which would not die at all, and then you have 300 cases, but the same number of deaths, and you have reduced your 21 per cent down to 7 per cent. That is the statistical trick by which all these statistics are worked. And that applies to the very book which in this and last year's edition, has admitted that there were over 2,000 last year, and approximately 2,000 this year, mistaken diagnoses of diphtheria which have been sent to fever hospitals in London alone."

The jury vindicated Doctor Hadwen by returning a verdict of "Not Guilty."

Press Continues to Report Fatalities Resulting From Use of Serums

That the use of serums for the so-called prevention of disease continues to be followed by fatalities in a certain number of instances is indicated by the following news item in the *Long Island Daily Star*, Long Island City, N. Y. June 20, 1945 calling attention to two ten-months-old twin boys who were stricken a few hours after getting a diphtheria injection:

"TWINS' DEATH LAID TO SHOCK

"Doctor Cleared in Serum Injection Inquiry

"The physician who injected two Jackson Heights twins with diphtheria preventive serum, resulting in their death yesterday, stood cleared today of any negligence.

"Following an autopsy into the deaths of Gary and Donald Miraglia Jr., 10-months-old twins of Mr. and Mrs. Donald Miraglia of 37-38 84th street, Dr. Jacob Werne, assistant medical examiner, said death was due to anaphylaxis.

"Absolving the physician, Dr. Edward Steingeser of Manhattan, and the parents, Dr. Werne explained that anaphylaxis was an acute susceptibility to a foreign protein, caused by a prior introduction of the same protein into the body.

"The Twins had been previously inoculated May 3.

"Examination of the vial containing the remaining serum revealed no trace of contamination.

"The twins died within six hours of each other yesterday at St. John's Hospital, Long Island City. They received their second injections Monday. Yesterday morning Miraglia found Donald and Gary stricken in their cribs. Gary was almost lifeless.

"Taken to the hospital immediately, Donald was pronounced dead on arrival and Gary died later.

"Dr. Werne said the anaphylatic reaction to the serum was so rare that

there are no statistics available. Declaring he would have his own children immunized, he urged all parents to submit their children to immunization.

"The reaction could not possibly have been foreseen, Dr. Werne added, as it is 'an exceedingly rare form of reaction to a serum.' "

Bethesda Girl, Eight, Succumbs to Vaccine for Tick Fever

The following news item in the Washington, D. C. *Post*, June 13, 1945 reveals that an eight-year old Bethesda, Md. girl died from vaccine administered to prevent Rocky Mountain spotted fever. It says:

"A unique case in Health Department death records came to light yesterday when it was revealed that an eight-year-old Bethesda girl died from vaccine administered to prevent Rocky Mountain spotted fever.

"Deaths caused by an allergy to proteins in tick vaccine are 'one in a million' and no similar fatality has ever occurred in the history of the District Health Department, according to Dr. James G. Cumming, chief of the Bureau of Preventable Diseases.

"The victim, Carol Ann Trullinger, died at Doctors Hospital, April 12, approximately an hour and a half after the vaccine was administered according to records in the Bureau of Vital Statistics.

"To guard against the possibility of similar deaths, however, the United States Public Health Service will list ingredients on all vaccines issued next year so that doctors can check patients for possible allergies, local health officials have been informed.

"Frequent inspections of the body and clothing are still recommended by the Health Department as the simplest precautionary measures against the reddish brown ticks which carry spotted fever. The insects cannot infect persons until six hours after they become attached, it was pointed out.

"Allergies to the tick vaccine are probably directed at the egg ingredients, officials said, explaining that vaccines are created by inoculating eggs with the fever germ. The Army has recorded a number of deaths from yellow fever vaccine which has similar protein ingredients, they added.

"The local victim was the daughter of Mr. and Mrs. Robert E. Trullinger, who recently moved to Chicago from their home in Bethesda, Md. The father was employed by the International Business Machines Corporation here."

Compulsory Medication vs. Medical Nihilism

It is just as logical for one neighbor to ask for the passage of a law prohibiting the use of habit-forming drugs, undue medical experimentation with questionable serums and vaccines, and unnecessary operations as it is for another neighbor to demand that medical treatment be made compulsory.

In other words, to the extent that organized "regular" physicians propose to regiment the individual they invite a system of regimenta-

tion for themselves. The regimentation of the medical profession would then be necessary to prevent over-medication such as the present-day "Massacre of the Tonsils" and other present-day medical fads.

In the matter of vaccination it can be shown that for all practical purposes smallpox of a virulent character in the United States is an imaginary disease. In the year 1944 only about 384 cases of so-called "smallpox" were reported and the disease was entirely absent in large sections of the country where vaccination is not required as well as in sections where it is required. Also what is today reported as smallpox is of such a mild character that it should be treated and handled as alastrim or Cuban itch and not as the classical type of the disease.

England and Australia have demonstrated to the world that smallpox can be successfully controlled without mass vaccination of the population.

Bureau Requests Revision of Health Syllabus Prepared for Use in New York Schools

In a communication addressed to Hiram A. Jones, Director, Division of Health and Physical Education of the New York State Education Department, the Citizens Medical Reference Bureau, Inc. requested that any contemplated use of the "Health Teaching Syllabus" be held in abeyance until it can be revised to correct its present discrimination against a substantial portion of the population who do not adhere to so-called "Regular" medical theories and practices for the alleviation or prevention of disease. The letter reads as follows:

"August 17, 1945

"Re Health Teaching Syllabus for the Junior and Senior High Schools. Health Education Series, Bull. No. 3, University of the State of New York Press, 1944.

"Director Hiram A. Jones,
Division of Health and Physical Education,
State Education Department,
Albany, N. Y.

Dear Sir:

"We respectfully request that any contemplated use of the Syllabus above referred to be held in abeyance until it can be revised to correct its present discrimination against a substantial portion of the population in this State who do not adhere to so-called 'Regular' medical theories and practices for the alleviation or prevention of disease.

"It is discriminatory in a number of ways as follows:

"(1) The chapter on 'Disease Prevention and Control' is designed to extoll the views of Jenner and Pasteur. The child is to be taught and motivated to accept these views.

"(2) The child is to be taught and motivated to shun any other method of healing on the ground that it is unscientific or that it is a fad or based upon superstition.

"(3) The child is to be taught and motivated to promulgate the views of Jenner and Pasteur in his home and in the community.

"(4) Also from the language on page 15 the thought is expressed of subordinating intellectual performance in academic classes to the acceptance by the child and its parents of the medical teachings contained therein.

"In support of our contention that medical knowledge is relative and not absolute; that so-called 'regular' physicians have no monopoly of scholastic attainments; that leading physicians have repeatedly directed attention to the credulity which prevails within their own profession, and that the many persons in this State who do not adhere to so-called 'regular' medical theories and practices are entitled to have their views respected by the State, we are sending you under separate cover eleven chapters of a book we are having published entitled 'Public Health the American Way.'

"Respectfully yours,

"CITIZENS MEDICAL REFERENCE BUREAU, Inc.,

"(Signed) H. B. ANDERSON, Secretary."

Hundreds of Statutes Make Provision for Exemption by Conscientious Objection

By the Acts of 1898 and 1907 a "Conscience Clause" was inserted in the compulsory vaccination law in England.

In 1911 a "Conscience Clause" was also inserted in the compulsory vaccination law in California. In 1921 the vaccination law was repealed in California.

The United States Constitution specifically provides that "Congress shall make no law respecting an establishment of religion, or prohibiting the free exercise thereof." Numerous statutory provisions have therefore been enacted into law specifically exempting persons from compulsory medical teaching and practices when such teaching and practices violate their religious convictions.

Numerous other statutory provisions, both Federal and State, also provide for conscientious objection but are more general in character.

Federal Statutory Provisions

A number of statutory provisions are contained in Acts of Congress to safeguard the rights of the individual in matters pertaining to the healing art.

The Social Security Act, which was passed in 1935, contains the following provision:

"Nothing in this Act shall be construed as authorizing any Federal official, agent, or representative, in carrying out any of the provisions of this Act, to take charge of any child over the objection of either of the parents of such child, or of the person standing in loco parentis to such child."

The Labor-Federal Security Appropriation Act for 1945 repeats and reenacts a provision contained in the Act for 1944 providing that none of the funds appropriated for allotment by the Children's Bureau to the States for EMIC or Social Security Maternal and Child Health purposes may be used in such manner as to discriminate between persons licensed under State law to practice obstetrics or which prevents patients from having their choice of practitioner so long as State laws are complied with. The provision as quoted in *The Journal of the American Osteopathic Association*, September, 1944, is as follows:

"Provided, That no part of any appropriation contained in this title shall be used to promulgate or carry out any instruction, order, or regulation relating to the care of obstetrical cases which discriminates between persons licensed under State law to practice obstetrics; Provided further, That the foregoing proviso shall not be so construed as to prevent any patient from having the services of any practitioner of her own choice, paid for out of this fund, so long as State laws are complied with."

The Longshoremen's and Harbor Workers' Compensation Act contains the following provision:

"The employer shall furnish such medical, surgical, and other attendance or treatment, nurse and hospital service, medicine, crutches, and apparatus for such period as the nature of the injury or the process of recovery may require."

The Act to promote the welfare and hygiene of maternity and infancy, adopted by Congress in 1921, and terminated in 1928, contained the following provisions:

"The plans of the States under this chapter shall provide that no official, or agent, or representative in carrying out the provisions of this chapter shall enter any home or take charge of any child over the objection of the parents, or either of them, or the person standing in loco parentis or having custody of such child. . . . No official, agent, or representative of the Children's Bureau shall by virtue of this chapter have any right to enter any home over the objection of the owner thereof, or to take charge of any child over the objection of the parents, or either of them, or of the person standing in loco parentis or having custody of such child. Nothing in this chapter shall be construed as limiting the power of a parent or guardian or person standing in loco parentis to determine what treatment or correction shall be provided for a child or the agency or agencies to be employed for such purpose."

State Statutory Provisions

Space forbids any attempt here to chronicle all the statutory provisions adopted by the respective States and Territories of the United States recognizing the right of the individual to select the method of treatment he shall provide for himself or his children.

The following statutory provisions are typical of large numbers of similar provisions contained in State public health legislation.

An amendment to the law in New York providing for medical inspection and health service in the public schools reads as follows:

"Whenever affected by the requirements of this article, the teacher, janitor or other person so affected and in the case of a child, the parent or guardian of such child shall have the right to determine the form or manner of treatment or remedial care to be prescribed or applied, but the treatment or remedial care must be in accordance with and as allowed under article eight of the public health law, known as the medical practice act."

A law concerning school attendance and the employment of minors, enacted by the Indiana legislature in 1921, contains the following provision:

"Provided, That no pupil or minor shall be compelled to submit to medical examination or treatment under authority of this section whose parent or guardian objects to the same. Such objection shall be made by written and signed statement delivered to the pupil's teacher or to any person who might conduct such examination or treatment in the absence of such objection."

An Act providing for county nurses adopted by the Michigan Legislature in 1925 provides as follows:

"Provided, That no person who objects thereto or no minor whose parent or guardian objects thereto, shall be compelled to receive health examination, instruction or treatment."

A law regarding children of pre-school age (Revised Statutes of Utah, 1933) contains the following provision:

"The boards of education of all school districts may adopt such reasonable measures for health education and incur such reasonable expense as may be necessary for the promotion of the physical welfare of children of pre-school age in their respective districts, including the education of parents in matters pertaining to child welfare, but the power herein granted to said boards of education shall only be exercised with the consent of the parents."

Compulsory Vaccination Prohibited in Four States

In four States, Arizona, Minnesota, North Dakota, and Utah, there are statutory provisions against compulsory vaccination.

The Arizona law provides that no minor child shall be subjected to compulsory vaccination without the consent of the child's parent or guardian. This law, however, has a proviso prohibiting the school attendance in a school district of unvaccinated children when a small-pox epidemic prevails in such district.

In Minnesota the statute reads, "No rule of the State board (of health) or of any public board or officer shall at any time compel the vaccination of a child, or shall exclude, except during epidemics of smallpox and when approved by the local board of education, a child from the public schools for the reason that such child has not been vaccinated."

The North Dakota law forbids making any form of vaccination or inoculation a condition precedent for the admission of any person to any public or private school or college, or for the exercise of any right, the performance of any duty, or the enjoyment of any privilege, by any person.

Utah passed a law which makes it unlawful for any board of health, board of education, or any other public board to compel the vaccination of any person, or to make vaccination a condition precedent to school attendance.

The Right of the Individual to Choose His Own Method of Treatment Is Recognized as Fundamental

The right of the individual to say what form of treatment he or those dependent upon him shall have has been recognized as sound doctrine in thousands of instances.

In his inaugural address to the 81st legislature of the State of Maine, January 4, 1923, Governor Percival P. Baxter stated that:

"It is fundamental that each person is entitled to choose his own school of medicine or of treatment, just as he may choose his politics or religion."

Dr. Walter N. Dickie, while Director, California State Board of Health, was quoted in a bulletin of the Public School Protective League, Los Angeles, California, as saying that:

"The tendency now is to accept the undeniable rights of the individual to choose for himself and for his children that particular mode of treatment which in his judgment will best promote health and happiness."

Congressman Crosser was reported in *The Congressional Record*, March 26, 1930, as saying:

"I have no hostility whatever to any particular school of medicine, but upon a subject about which there is so much sincere difference of opinion among intelligent people as exists in regard to the various schools of healing, I do not think we should directly or indirectly enforce by law the opinions of any school. Everyone who has investigated the subject knows that the notions of different schools of healing have been completely reversed from generation to generation."

From the foregoing it is apparent that there is a growing appreciation of the fact that one of the primary purposes of the United States Constitution and of our respective State Constitutions is to "secure the blessings of liberty to ourselves and our posterity."

CHAPTER XL

SOCIALIZED MEDICINE INIMICAL TO PUBLIC WELFARE

Socialized medicine, which today takes the form of proposals for compulsory sickness insurance, has all the characteristics of a sugar-coated pill. It appears attractive to many persons on the outside, but that is only to hide the bitter part on the inside.

The employee is reminded that under compulsory sickness insurance he will have no more doctor bills for himself or his family in time of illness. This is to be taken care of by a payroll tax with an equal amount to be contributed by the employer. In other words, the employee is made to feel that he is getting a bargain—that he is getting something for nothing. Then too, so-called “modern medical science” and specialists have been so widely dramatized in the press and on the radio and the screen that many employees become apprehensive that the funds available to them may be insufficient to obtain the services of these specialists in “modern medical science” unless the Government steps in and provides them for him and his family.

To the social reformer it is quite a different story. What he sees is the billions upon billions of dollars annually in the pay envelope of the employee and in the hands of the farmer when he sells his crops.

The comparatively small sums of money available to these social workers in the past are as nothing compared to the billions upon billions of dollars they see in the pay envelopes of the employees, and which they are so eager to get their hands on in order to carry out their ideas of social reform. Their one ambition appears to be to sell the idea of compulsory sickness insurance to the employees and farmers of the nation. Then they will have billions upon billions of dollars with which to enslave the nation.

The Disillusioned Employee

Once a system of compulsory sickness insurance is put into operation the disillusioned employee wakes up to find—

First, that what he thought was getting something for nothing is not a bargain at all. He finds he is paying for unnecessary buildings,

unnecessary employees, unnecessary operations and unnecessary treatment for himself and family.

Second, he finds he must keep on paying doctor bills, the excuse being that these fees are necessary to prevent malingering.

Third, he finds that the "miracles" of "modern medical science" were not really miracles at all—that his health and that of his family is becoming undermined instead of being improved.

Fourth, that what he thinks and what he does from day to day is a greater determining factor of his future health status than the use of habit-forming drugs, serums or the knife.

Fifth, that he wishes to be let alone to protect his health in his own way, but by this time he finds that he is subject to the dictates of a medical bureaucracy, which at his own expense, has succeeded in creating a mass of laws making one form of medical treatment after another compulsory. In other words, this medical bureaucracy now reaches into all the relations of his daily life and thinks and acts for him and his family. If he dares to openly protest against the outrages heaped upon him he finds himself diagnosed as mentally unbalanced. The secret police and the control of the press are all steps in the path of a medical dictatorship, depending upon how far the social reformers succeed in gaining increased power over the health and lives of everybody as they did in Germany where compulsory sickness insurance originated.

Would Establish a "Black Market" In Disability Benefits

Any plan which holds out a promise to employees in the lower brackets that they are to receive from one-half to two-thirds of their regular wages over a period of possibly twenty-six weeks in time of illness would, if carried out, establish a "black market" in disability benefits and place a premium upon idleness. Also it would mean the creation of an army of snoopers to spy on the workmen in their homes, and still it would be impossible to determine in many cases whether the employee was actually ill or feigning illness. The experience of foreign countries where compulsory sickness insurance has been established is everywhere the same. Malingering has increased by leaps and bounds.

That malingering already offers a serious threat to war production is indicated by an editorial in *The Journal of the American*

Medical Association, November 11, 1944 entitled "Medical Certificates and War Production." It says in part:

"In recent years medical certificates have been required for fuel and food rationing, public health disease prevention programs, food handler control, marriage laws, school regulations and sickness insurance. The good name of the medical profession is sometimes jeopardized by too lenient compliance with appeals for certificates from patients who often have little or no real basis for requesting them. This problem is now especially concerned in present efforts to use limited manpower to its fullest extent in war industries. . . .

"Illness, both alleged and real, as a frequent cause of absenteeism and work termination is probably the most difficult problem to control by lay agencies. The government and its contracting agents customarily require medical certificates to cover an absenteeism alleged to illness or a labor termination attributed to reasons of health. The medical profession is then put under pressure by thoughtless persons who see little harm in collecting disability benefits or in obtaining better jobs on pretext of illness. They fail to see the cumulative results of hundreds of thousands of such acts on critical war production.

"Responsibility rests squarely on the physician to act as prosecutor, defense attorney and judge before issuing such a certificate. . . ."

Mr. Gompers Warned Against Compulsory Sickness Insurance

The late Samuel Gompers, President, American Federation of Labor, was most emphatic in his denunciation of compulsory sickness insurance as limiting the rights and freedom of wage earners and creating a situation which has in it the germs of tyranny and autocratic power.

"At first only a limited amount of authority and power may be delegated to and exercised by the governmental agent, but the application of even that little power constitutes a limitation upon the rights and freedom of wage earners and creates a situation which has in it the germs of tyranny and autocratic power," said the late Mr. Gompers in an address at the annual meeting of the National Civic Federation, New York, November 9, 1917, published in the Report of the Special Commission on Social Insurance, of Massachusetts, Senate Document No. 244, pp. 19-20. The following paragraphs are from the address by Mr. Gompers:

"Compulsory social insurance is in its essence undemocratic. The first step in establishing social insurance is to divide people into two groups—those eligible for benefits, and those considered capable of caring for themselves. The division is based upon wage-earning capacity. This governmental regulation tends to fix the citizens of the country into classes, and even divide the wage workers into classes, and a long-established insurance system would

tend to make these classes rigid. There is in our country more voluntary social insurance than in any other country in the world. We have institutions whereby voluntary insurance can and will be increased. The workers of America adhere to voluntary institutions in preference to compulsory systems, which are held to be not only impracticable but a menace to their rights, welfare and their liberty. Health insurance legislation affects wage earners directly. Compulsory institutions will make changes not only in relation to work, but in their private lives, particularly a compulsory system affecting health, for good health is not concerned merely with time and conditions under which work is performed. It is affected by home conditions, social relations and all of those things that go to make up the happiness or the desolation of life.

"To delegate to the government or to employers the right and the power to make compulsory visits to the workers under the guise of investigating health conditions, is to permit those agencies to have a right to interfere in the most private matters of life. It is, indeed, a very grave issue for workers. They are justified in demanding that every other voluntary method be given the fullest opportunity before compulsory methods are even considered, much less adopted. The trade unionists who have considered the problem and expressed an opinion have advised against such compulsory institutions."

Money Not Synonymous With Health

In countries where compulsory sickness insurance has been established the complaint is everywhere the same—that the employees receive an inferior type of treatment because the doctors are overwhelmed with ridiculous trivialities and because panel doctoring nourishes general neurasthenia and hypochondriasis. Also much of the doctor's time is taken up with making out all sorts of government reports.

In answer to the argument that money buys health under any and all circumstances *Nation's Business*, the official magazine of the Chamber of Commerce of the United States, May, 1940 says:

"... the District of Columbia, seat of the national Government, has the highest death rate in the Nation, if we except Arizona and New Mexico, both of which have a large percentage of tuberculous health seekers from the East among their population. The District also boasts a higher *per capita* income than any one of the 48 states ... the four states with the lowest death rates are North Dakota, South Dakota, Oklahoma and Arkansas. Three of these are definitely 'have-not' states."

That compulsory health insurance is not an important factor in the prevention of disease or in the conservation of health is further brought out in the *Report of the Illinois Health Insurance Commission*, May 1, 1919, p. 164, as follows:

"There is no evidence that compulsory insurance has resulted in an improvement in health. The death rates and morbidity statistics of the countries

which do not have compulsory health insurance show a decline fully equal to that of the countries which have such systems. The explanation is probably found in the fact that compensation for wage losses caused by sickness has a very minor effect upon health, that because of the freedom of choice of physician for treatment (which freedom exists even under the compulsory system) the quality of medical service is not improved, that the advance in medical science, public health control, educational movements for better personal hygiene, and the many factors which have entered into the prevention of disease, have operated with equal, if not greater vigor in those countries which do not have compulsory health insurance. It seems clear that compulsory health insurance is not an important factor in the prevention of disease or in the conservation of health."

The Employee Pays the Bills

The model bills prepared by the American Association for Labor Legislation thirty years ago called for a compulsory contribution generally in the following proportions: forty per cent by the employee, forty per cent by the employer, and twenty per cent by the State.

The much publicised Wagner- Murray-Dingell bill introduced in Congress in June, 1943, however, provided a Trust Fund consisting of a contribution of 1½% of wages to be taken out of the pay envelope and an amount equivalent to 1½% of wages to be contributed by the employer, and approximately 3% of the market value of the services of self-employed persons. It was, therefore, to be a matter between employees and employers.

The fact that the employer or the State may be called upon to pay a portion of the expense of compulsory health insurance does not mean that the employee thereby is receiving anything for nothing. The wage-earner today pays by far the greater portion of the taxes required to finance the activities of the Government. Also whatever portion of the expense of administering a system of compulsory health insurance is borne by the employer is automatically added to the price of the goods he sells, and the employee as a consumer not only pays his own contribution but he also eventually pays the contribution made by his employer.

Would Increase Economic Barrier To Health And Happiness

The cost of administering a vast system of compulsory sickness insurance must be added to the cost of medical care. The creation of unnecessary jobs and politics go hand in hand.

Section 911 (a) of the Wagner-Murray-Dingell bill, introduced in Congress in 1943, authorized the Surgeon General and the Social Security Board to establish a fee for medical service, home calls and office visits. The purpose of this provision was "to prevent or reduce abuses and not such as to interpose a substantial financial restraint against proper and needed receipt of medical benefits." It provided that the Surgeon General and the Social Security Board may limit for any calendar year or part thereof the cost of laboratory benefit borne by payments from the Fund. Section 915 (g) fixed the "hospitalization benefit" as not less than \$3 and not more than \$6 for each day of hospitalization, not in excess of thirty days, and not less than \$1.50 and not more than \$4 for each day of hospitalization in excess of thirty in a period of hospitalization and not less than \$1.50 and not more than \$3 for each day of care in an institution for the care of the chronic sick.

With the proposed establishment of limited laboratory facilities, and low hospital rates, and if employees are required to pay a stipulated fee every time they call in a government doctor, or line up at the doctor's clinic, the cost of medical care to employees in the lower brackets may actually exceed what they now pay their private practitioner.

Another possible dissipation of payroll taxes was the provision that the Surgeon General may distribute funds not only in the United States but all over the world. It is significant to note that section 1108 (b) provided that the "Surgeon General of the Public Health Service, may, through agreements or cooperative working arrangements with appropriate agencies of the United States, or of any State or political subdivisions thereof, or of a foreign government, and with other appropriate public agencies and private persons, agencies, or institutions, utilize their services and facilities."

Payrolls represent the life blood of the nation and any dissipation of payroll taxes constitutes the greatest threat to American security facing the nation.

No Emergency Demanding Socialized Medicine

City, county, State and the Federal governments have all been most liberal in providing hospital facilities and medical care for indigent persons.

That the plan now in operation has proven successful is indicated by the fact that the death-rate in the United States went down from 13.1 in 1920 to 10.5 in 1941 and the rate of 10.4 in 1942 was the lowest on record notwithstanding the fact that the country was engaged in an all-out-war.

Any employee who wishes to do so is free to avail himself of sickness insurance through any of the voluntary systems now in force. The Blue Cross, a non-profit hospitalization service, is said to have up to 20,000,000 subscribers in this country. Also new facilities for extending voluntary sickness insurance are being added each year.

The much talked about health insurance plan instituted by Henry Kaiser for the benefit of his 125,000 shipyard employees and their families shows the ability of American private ingenuity to solve whatever local medical problems arise without the aid of a Federal system of medical care as provided under the various plans for socialized medicine.

The plan instituted by Mr. Kaiser specifically provided that health insurance was to be on a voluntary basis. Another feature of the plan was that the doctors so employed were not to be run by bureaucrats from Washington.

Also voluntary insurance as provided in the Kaiser plan is flexible in that it can be varied to meet local conditions. If there is no demand for such insurance none need be provided. The Kaiser plan featured the employment of medical specialists. Other industries are free to grant to employees and their families the benefits to be derived from all methods of healing permitted or authorized by state law without restricting the benefits to practitioners representing only one method of healing. And such a plan may prove more satisfactory and beneficial to employees and their families than the Kaiser plan.

The sickness insurance plans being instituted in New York State and in New York City also are on a voluntary basis.

Individual Should Be Free to Work Out His Own Health Problems in His Own Way

The health of the individual is primarily the responsibility of the individual. It is a responsibility which belongs to the individual and cannot be transferred to any Governmental agency.

Every thought and action of the individual from day to day is a determining factor in his future health status.

Many persons have learned how to live so that to them it is natural to be healthy without the aid of medicinal products of any kind and they want to be left alone so they can continue to be naturally healthy.

As pointed out by the late Dr. Alexis Carrel in his book *Man, the Unknown*, p. 207:

"Injections of specific vaccine or serum for each disease, repeated medical examinations of the whole population, construction of gigantic hospitals, are expensive and not very effective means of preventing diseases and of developing a nation's health. Good health should be natural. Such innate resistance gives the individual a strength, a boldness, which he does not possess when his survival depends on physicians."

An Over-Supply of Physicians and Hospitals

In 1943 a total of 15,374,698 patients were admitted to hospitals in the United States, and facilities were available for taking care of a large number of additional patients. The average bed occupancy for all hospitals in 1943 was 76.2 per cent, indicating that an additional 23.8 per cent of patients could have been taken care of in 1943 if all the beds available had been occupied continuously throughout the year. These figures are from the Hospital Number of *The Journal of the American Medical Association*, March 25, 1944.

In 1938 there was an average of one physician to every 767 persons in the United States, according to "Factual Data on Medical Economics," Revised 1940, Bureau of Medical Economics, American Medical Association, Chicago, which says:

"No other country is as well supplied with physicians. European authorities have stated that one physician for every 2,000 persons is sufficient. Sweden, often cited as having a model medical service, has one physician for about every 2,600 persons. . . . In 1936 there were only 241 counties in the United States that had more than 2,000 persons per physician. This is a more equitable distribution of physicians than is to be found in any of the older and more thickly settled countries of Europe."

The much talked-about shortage of physicians and hospitals in recent years was due to war time conditions.

Compulsory Sickness Insurance Proposals Make No Provision for Non-Medical Methods of Healing

It is to be noted that not any of the bills providing for compulsory sickness insurance introduced either in Congress or in any of our State Legislatures make any provision for allowing employees or their dependents who adhere to a non-medical method of healing to

receive that form of treatment out of the funds collected from their pay envelopes.

No bill providing for compulsory sickness insurance is deserving of serious consideration by any legislative body unless it contains full provision whereby the State or the Federal Government is obligated to show the same diligence in supplying to the employee and his family the services of whatever practitioner the employee desires, so long as such practitioner is authorized by State law to practice the healing art. This applies not only to the more conservative type of family physician who wishes to continue his practice in his own way to drugless practitioners.

Some idea of the large number of citizens and taxpayers who adhere to non-medical methods of healing may be gained from the following paragraph published in *The United States Daily*, May 2, 1932:

"Approximately \$125,000,000 annually, equivalent to 12 per cent of the amount spent on the 142,000 doctors of medicine, is expended in the United States on 36,150 other practitioners who hold themselves out to treat the sick—osteopaths, chiropractors, naturopaths and allied healers, and Christian Science and New Thought practitioners—according to Louis S. Reed, Ph.D., in a report presented May 1 to the Committee on the Costs of Medical Care."

Non-Occupational Diseases Not a Proper Charge Against Employment

The fallacy of the argument frequently advanced that compulsory sickness insurance is but another step in the same direction as workmen's compensation acts was brought out in the reports of a number of state health insurance commissions in 1919.

The following extracts are from "The Commission's Findings, Conclusions and Recommendations" contained in the *Report of the Health Insurance Commission of Illinois* to the Fifty-First General Assembly of the State of Illinois, May 1, 1919:

p. 165. "Compensation for occupational disease should be provided by the employer in whose employment the disease is incurred. Occupational disease is a hazard peculiar to the industry concerned. It is caused by that industry. With non-occupational diseases the case is different. Industry neither causes such diseases nor does it benefit from the insurance against the losses caused by them. The facts should be fairly met. If there is no rational basis for a contribution by the employer the requirement that he shall contribute in effect an increase in the wage scale established by law.

"Ten cents per day will provide the wage-earner with all the insurance needed. With few exceptions, the wage-earners can meet the cost if they desire. If the wage paid in a given employment is not sufficient, it should be

increased, but all employers should not be charged with an increase in wages because of the failure of some to pay a living wage.

“Likewise the burden proposed to be placed upon the State and all employers for part payment of the cost of insurance for all disease of all wage-earners would compel the State and employers to pay for that which they did not cause and for which they are not responsible in any real or tangible sense.”

Federalized Medicine Would Be Invasion of State Rights

The medical provisions contained in the various bills introduced in Congress providing for a system of compulsory sickness insurance would constitute an invasion of State rights. Under the United States Constitution police power is reserved to the States and medical care and public health work for the most part are generally accepted as coming under the police power of the respective States.

This is a wise protection because health work reaches into all the relations of human life. It concerns the regulation of personal conduct and it has been found by past experience that the only protection against abuse in regulations of a personal character is that the regulations be localized so far as possible. This also provides a system of checks and balances, which is an essential part of our American form of government to safeguard the public and to promote progress.

Federalized Medicine Would Mean Compulsory Medication

While nothing is said in any of the proposals for compulsory sickness insurance about making any form of treatment compulsory, and while such bills may specifically provide that nothing in the bill makes any form of treatment compulsory, experience shows that wherever any Federal agency is charged with providing medical care and “educating” the public in matters relating to public health that it does not hesitate to use these public funds to advocate the passage of laws providing for compulsory medication.

The emphasis placed by the United States Public Health Service upon making serologic tests compulsory in its venereal disease campaign is a striking example of the tendency of the Public Health Service toward the use of compulsory measures.

Since 1889 the United States Public Health Service has been organized upon a military basis and with this military organization goes the idea of wanting to make its recommendations for medical

treatment compulsory just as the United States Army made certain vaccines and serums compulsory in the CCC camps and as the soldiers are now required to submit to a long list of vaccines and serums, which in the English Army and Navy are voluntary.

"The establishment of compulsory treatment, without limitation, other than recovery or death, of those compulsorily examined and found to be below the minimum standard of health and of those taken sick" was declared to be one of the aims of some of the advocates of a United States department of health, according to J. W. Van Derslice, M.D., in his Presidential address before the Illinois State Medical Society, May 19, 1920, as reported in the *Illinois Medical Journal*, June, 1920. The remarks by Dr. Van Derslice are particularly significant in relation to compulsory sickness insurance. He said in part:

"For example, the aim of some of the advocates of this venture is that the department regulate the practice of medicine and allied professions; supervise all State departments of health; all State institutions, hospitals and dispensaries; that all candidates to enter the study of medicine expecting to receive State appointment shall first secure a certification of fitness from said department and only to enlist such number as the service shall annually require; in other words build up the same political institution as West Point; to fix a health standard above the minimum of which individuals are to be considered well; to have periodic physical examinations of every individual in the State; the establishment of compulsory treatment, without limitation, other than recovery or death, of those compulsorily examined and found to be below the minimum standard of health and of those taken sick; a compulsory sickness insurance system to provide funds; the insurance premiums and payments to be determined along actuarial lines. Here is the embodiment of the defeated New York measure dressed out in new attire to be foisted upon an unsuspecting profession by the establishment of a national department of health. . . .

"That the above picture is not greatly overdrawn as to the activities desired by those now in authority in the government public health service is evidenced by the many bills that have been introduced in Congress in which the various States were to receive government subsidies when these States agreed to act conjointly with the Public Health Service. . . ."

Says Public Health Service Puts Forth Every Activity Toward an Increase in Its Functions and an Increase in Its Pay

Referring to the rapid increase in the number of employees in the Public Health Service, *The Journal of the Indiana State Medical Association*, March, 1923, referred editorially to the Public Health Service as "a political organization which puts forth every activity toward

an increase in its functions and an increase in its pay." The following paragraph is from the editorial entitled "Bureaucratic Government":

"And while we are on this subject we might mention the rapid increase in the number of employees in the Public Health Service. Here again we have a political organization which puts forth every activity toward an increase in its functions and an increase in its pay. One of the most potent influences tending toward the socializing of medicine is the Public Health Service, and unless something is done to stem the tide, the medical profession as a profession will be subservient to public health officials, and every aspect of the practice of medicine will be under bureaucratic control. Concerning this matter one Congressman has said, 'Let the proportion of public employees continue to increase as rapidly as they have in late years and we will within a reasonable time witness this phenomenon: Our population divided into two classes, those holding public office, still a minority, it is true, and all others working to support the minority in office. From that condition to the soviet form of government is but a single step.'"

Abuses Revealed in Operation of New York Workmen's Compensation Law Should Serve as a Warning Against Establishment of Compulsory Sickness Insurance

The Report to Honorable Thomas E. Dewey, Governor of the State of New York, by William F. Bleakley and Herman T. Stichman, Commissioners, in March, 1944 that the attainment of the major purposes of the Workmen's Compensation Law has been thwarted by inefficient administration and lethargic leadership and has been detrimental to the well-being of more than 5,000,000 workers entitled to its protection should serve to dispel any illusions which some persons have that politicians will be able to supply a superior and less expensive kind of medical treatment for themselves and their families than the treatment they now receive through their own private practitioner.

Also the revelations of fee-splitting and subjecting workers to inefficient treatment, overtreatment, and even to unnecessary and harmful operations which left them disabled, sometimes totally, are highly significant.

The following extracts are from the Report by Messrs. Bleakley and Stichman to Governor Dewey:

p.6. "Evidence in our investigation proved that inefficient administration of the Workmen's Compensation Law by a lethargic leadership had for years thwarted attainment of its major purposes. This has not only been detrimental to the well-being of more than 5,000,000 workers entitled to its protection, but it has also prevented honest disbursement of a substantial part of

the more than \$56,000,000 estimated to have been expended under the law for compensation and medical expenses during 1942 alone. . . .

p.8. "Two of the most fundamental and important concepts of the framers of our Workmen's Compensation Law in its present amended form—the avoidance of the delays of litigation following industrial accidents which deprived workers of means of subsistence when most needed, and the assurance of skilled and unbiased medical service—have failed of realization.

"The law contemplates that following an industrial injury, compensation payments should substantially take the place of wages. By amendment of 1935, injured workers were given the right to select physicians of their own choice. In fact, a great many workers have for many years had little voice in the selection of physicians to treat their injuries, or even of their legal or lay representatives. The ones obtained were generally inferior, and some even incompetent.

"Four groups appear to be responsible therefor, but in varying degrees in different localities of the State: (1) lethargic leaders at the Department of Labor; (2) employers and insurance carriers, (3) so-called licensed representatives, and certain lawyers, specializing in compensation cases, (4) physicians specializing in the same field, whose undesirable activities have seemingly been tolerated by certain medical societies. So far as New York City is concerned, the administration of workmen's compensation has been dominated and adversely affected by rings, composed of licensed representatives, doctors, lawyers and runners. Their activities have been tolerated by executives, referees and others at the Department of Labor, as, indeed, they appear to have been by some insurance carriers. . . .

p.11. ". . . these representatives and lawyers have directed the workers to incompetent doctors, with whom in some cases they had arrangements for a split of the doctor's fees. Some of the doctors have handled thousands of new compensation cases yearly, and have done so in assembly-line fashion, maintaining several offices for the purpose. Workers have been subjected to inefficient treatment, overtreatment, and even to unnecessary and harmful operations which left them disabled, sometimes totally. It was a customary practice for ring doctors to instruct workers to return several times weekly for treatments, administered by nurses, that did not cure. Efficient care which would promptly restore the injured worker to health has not been the usual goal, as that would reduce the doctor's charges.

"The functions of physicians under the Workmen's Compensation Law have been so great that their methods necessarily influence its entire administration. It is estimated that about \$18,000,000 was paid to physicians during 1942 out of the sum of over \$56,000,000 disbursed that year, supposedly for the benefit of injured workers. The evidence discloses that a substantial amount out of the former sum was dissipated through bill padding and 'kick-backs' of numerous varieties paid to physicians. Such kickbacks, it appears, have been paid to doctors by surgeons, roentgenologists, surgical appliance houses, opticians and specimen analysis laboratories, to whom they referred workers. These ranged from 15 to 50 per cent of the amount charged. It is not unlikely that some of these referrals were motivated by the desire for kick-backs, rather than the good of the patient.

"Conversely, physicians themselves 'kicked back' to licensed representatives for sending them claimants, to employees of insurance companies for approval

of their bills and to referees and State doctors at the Division of Workmen's Compensation for favorable action. The need for bill padding thus becomes obvious.

p.26. "Despite the statutory prohibition, the evidence indicates that kickbacks have for years been widely taken, and even demanded, by referring physicians in compensation cases, at least in New York City, from surgeons, roentgenologists, surgical appliance houses, opticians, and even from specimen analysis laboratories. It was shown that, in the period from 1941 to 1943, kickbacks ranging from fifteen to fifty percent were paid by others than surgeons to more than 3,000 physicians in New York, Kings, Bronx and Queens counties alone.

p.41. "The Division of Workmen's Compensation has for years been administered in an incompetent manner. Its personnel has not been of high quality. Injured workmen have been subjected to unnecessary treatment and operations which sometimes disabled them totally.

"Good will has been bartered at the Division for cash and gifts. . . ."

Committee of American Bar Association Reports on Its Analysis of Medical Provisions in the Wagner-Murray-Dingell Bill

The House of Delegates of the American Bar Association at a meeting August 26, 1943 adopted a resolution "That the House of Delegates is opposed to any legislation, decree or mandate that subjects the practice of medicine to federal control and regulation beyond that presently imposed under the American system of free enterprise," and that the Board of Governors be requested to immediately appoint a special committee to study, analyze and investigate Senate bill 1161.

On February 25, 1944 the committee of the American Bar Association made its report, which was published in full in *The Journal of the American Medical Association*, March 11, 1944, pp. 716-721.

After presenting an analysis of the bill (S. 1161) and calling attention to numerous inaccuracies in Senator Wagner's statement which accompanied his introduction of the bill the committee reported as follows:

"Medical Service in The United States and the Effects of the Measure on Such Service

"1. Under the medical care now provided in the United States the highest level of health and the lowest death rate ever known under similar conditions are being maintained.

"2. There are being developed in this country and under our system of free enterprise many plans for providing adequate medical care without paying the price of socialized medicine. These include group and hospital insur-

ance and Blue Cross plans under principles approved by the medical profession. The Blue Cross plan beginning in 1933 and now covering more than fifteen million people provides for the moderate means class, on which hospital bills fall heavily.

"3. The indigent, who are most in need of free medical care, are not covered by S. 1161.

"4. Forty-two percent of the expenditures for hospital services and for doctors' services rendered hospital patients in 1942 were either tax supported or otherwise without cost to the patient and without recourse to Federal regulation and control as proposed.

"5. Of all like plans now in effect in foreign countries, none is comparable with the plan proposed by S. 1161 except the Russian system, which involves the complete socialization and regimentation of medicine. Such a pattern, if followed in this country, will inevitably produce a like result. The physician will become merely an unambitious Federal employe or a politically ambitious doctor.

"6. Contrary to assertions of the advocates of the measure, the plan covers practically the entire population of the United States except the indigent.

"7. To safeguard a minimal percentage of the population which has difficulty in obtaining complete medical service, the bill would put all the people in a medical strait jacket under the supervision of the Federal government for an alleged service which the vast majority either do not require or are able to provide for themselves.

"8. The measure will inevitably lessen the interest of the physician in his patient as an individual and dull the incentive to produce the best results. The patient will become the guinea pig supplied by the Government as the excuse for the payment of subsidies to a controlled profession for its routine services. This would disturb the social order of which both are members and result in vital loss both to the community and to the doctor.

"9. The measure will subject to bureaucratic control and supervision the intimate and confidential relationship between doctor and patient and make confidential information resulting therefrom available to employees of the Government.

"10. Medical education and training, which have attained an unequalled standard of excellence in institutions conducted under our system of free enterprise, would under S. 1161 be subsidized, regulated and controlled by the Government.

"11. Within the past twenty years the center of medical progress has moved from Germany, Austria and England, which have adopted some form of State medicine and which previously served as centers of postgraduate medical education, to the United States, and we now find physicians and hospital administrators coming for guidance and inspiration to this country, where no form of State medicine is in effect.

"Conclusion"

"The American Bar Association is limited to an expression of opinion and judgment with respect to those fields which relate to the administration of

justice and which directly affect the safeguards and protection of the rights and liberties of the citizens of this country. Under normal circumstances therefore, it is not the function of this association to attempt to influence substantive legislation by the Congress of the United States. But when under the pretext of the general welfare legislation is proposed in Congress which either inadvertently or with deliberate subtlety constitutes a direct attack on the rights and liberties of the citizens of this country, it becomes the duty of this association actively to voice its objections, a summary of which is as follows:

"1. Local self government must be preserved in our Federal system. State governments directly responsible to the will of the people are best adapted to exercise such supervisory control as may be instituted over the health and medical care of our citizens.

"2. S. 1161 seeks to invest in the Surgeon General, who is not an elected servant of the people and who is not amenable to their will, the power arbitrarily to make rules and regulations having the force and effect of law which directly affect every home.

"3. The measure furnishes the instrumentality by which physicians for their practice, hospitals for their continued existence and citizens for their health and that of their families can be made to serve the purposes of a Federal agency.

"4. The bill fails to safeguard the rights of patients, citizens, hospitals or doctors with respect to disputes arising or rights denied through the arbitrary or capricious action of one man.

"5. The bill fails to provide for any appeal to any court from the action of the Surgeon General.

"6. The vicious system whereby administrative officials judge without court review the actions of their subordinates in carrying out orders issued to them is extended in this bill to a point foreign to our system of government and incompatible with the adequate protection of the liberties of the people.

"The Constitution of the United States is designed to protect the citizens of this Republic in the exercise of the rights of free men. The Provisions of that instrument can be rendered impotent when our citizens, for the sake of an apparent immediate benefit, surrender to their Government such direct control over their lives that government, by imposing a constant fear on them of having those benefits withheld or withdrawn, can compel from them obedience and subservience to its dictates."

Congressman Charges Health Service With Being "The Chief Protagonist of the Modern Madness of Immunization"

"The chief protagonist of the modern madness of immunization is the Public Health Service of the United States," said Congressman George Huddleston of Alabama, in an address by him on the floor of the House, March 7, 1928, and added:

"To those who believe in all that sort of thing of course this bill [H.R.

11026 for the 'coordination of public health activities'] is water on their wheel. But to those who do not there is not much for them, for not only will their children in colleges be taught, but the communities around them will be taught, that healing comes only by the methods they prescribe. The system is an immense success. It is perfect; but occasionally the patient dies. (Laughter)."

The following extracts are also from the address by Congressman Huddleston, published in *The Congressional Record*, March 7, 1928:

"Of course, with my natural conservatism, I believe in organized medicine. I believe in the prevailing school of the regular doctors. I believe in the same system and philosophy of health and treatment of disease that are adhered to by the Public Health Service. Therefore, I have no qualms about their spreading and propagandizing their particular system of healing, although they may do it at the expense of all other forms of healing and at the expense of those who do not believe in their systems.

"I believe in vaccination and in injecting decaying animal matter into the veins of a man in order to protect him against smallpox and typhoid and whooping cough and diphtheria and every other ailment—in short, in all that the medical profession has gone mad on. All you have to do nowadays is to find out just exactly the right kind of poison, only it must be rotting animal matter, because nothing else will answer the purpose; find just exactly the right kind of a calf to get it out of, and then take some of this decaying animal matter and inject it into the veins of a man, and behold, health comes!

"It is the modern miracle! It is the new religion. The miracle works and lepers rise and their skins are clean! And those lying at the point of death with tuberculosis and fevers and all other ills are cured when the magic hand reaches out and thrusts them with the hypodermic. They spring up cured and whole. It is no longer necessary to believe in Jesus—it is no longer necessary to have your faith in a God. All you need to do is to have faith in some little, fat-faced, empty-headed doctor and let him squirt a lot of filth into your system and be made whole.

"When my children get sick, I send for the doctor and I have him squirt his stuff into the poor, little helpless things and they yell and the fever rises in them and I fear they are going to die. But I will say to you that when they are saved it is not through my faith in the doctor, because I can not produce the faith. Of course, I know that I am ignorant, and I am just doing the best I can. I hope the doctor may know a little more than I do, and he has had more experience and, therefore, in my anxiety, I put some of my burden and responsibility on him. If there is one thing that the modern world has gone crazy about, it is medicine, and in particular the immunization of human beings from almost every kind of disease by the injection of poison into their veins. . . .

"How many ex-soldiers have written to each of the Members of the House present here to this effect: 'I have never had a well day since I had the injection of some serum or some other kind of poison injected into my system when I entered the service.' I have the suspicion that our veterans' hospitals, in a large measure, are filled with patients as the result of the ignorance and superstition of the medical profession."

A Government System of Medicine Featured by Employment of Specialists Would Be No Improvement Over General Practitioner

The trump card of the advocates of a system of compulsory sickness insurance is the promise held out to employees that they propose to make available to all employees and their families a superior type of medical service. In other words, they insist that the old time family physician making his rounds with his medicine kit is passé, that he is to be superceded by the specialist.

In view of the glamour attached to the term "specialist" it is significant to note what a few of our medical authorities have to say about these specialists.

"... specialism has increased by leaps and bounds with such division of the profession that today if I send a patient to seven specialists, to my regret I find that my dear patient has seven diseases. If I send the patient to a heart specialist and he comes back without heart disease, it is because the doctor was not in," said Dr. Roger Morris, New York City, at the Annual Meeting of the Michigan State Medical Society, as reported in *The Journal of the Michigan State Medical Society*, November, 1928, p. 770.

"Specialism Running Wild" is the title of an editorial in the *Illinois Medical Journal*, which was reprinted in *California and Western Medicine*, October, 1928, p. 273. It was based upon a clipping from Judge magazine which had later appeared in the Journal of the Medical Society of New Jersey. It said:

Item in California and Western Medicine, October, 1928, P. 273:

Specialism Running Wild—An attendant for Each and Every Nerve.—An apt valuation seldom dies, "Truth crushed to earth will rise again," so does the epitomization of an unchanging condition endure, provided in the first place "Father was right."

A correspondent has asked that the journal shall reprint from Judge magazine this clipping that appeared later in the Journal of the Medical Society of New Jersey. The article is a modern tribute to the skill of court jesters of yesteryear. "If the shoe fits, let the profession put it on."

Headed, "Specialists, Specialists, but Not a Doctor in Sight," the article, signed by Don Herold, reads in part:

"Who remembers when we used to call a doctor in case of sickness? Nowadays we have to be mighty delicate about that. We might get an inch over the boundary line, and call a doctor for the wrong organ. Lots of people just die now rather than decide which specialist to summon.

"In the big cities at any rate there is nobody to come and see us when we are 'just sick.' We have to know exactly where we are sick and what ails us.

"Half the time we are sick in between organs, so there is nobody in town to cover the situation. The only thing to do is to wait until the disease shifts to some part of our anatomy covered by a specialist of whom we happen to know.

"What is needed is a medical brokerage service. When theaters became so numerous in New York, for example, that it was impossible to run around to all of them to decide what show to see, ticket agencies naturally sprung up where you could stand in front of a counter and get a seat for any show in town. We need McBrides and Tysons for the medical profession. We need medical brokers who will send us where we belong.

"Once there used to be a few accepted kinds of specialists—ear, nose and throat men, for instance. Why, gosh, a man who covers the ear, nose and throat today is almost a general practitioner. There are now twenty-seven kinds of nose doctors alone. A man can now devote his whole life to the outside of the inside ear.

"Back in Bloomfield the same doctor used to bring us and bury us. Here in New York the obstetrician gives us a slap and a promise and turns us over to the pediatrician. There is a new doctor down the line every fifteen or twenty minutes from the cradle to the grave. People are not only chopped up into sections geographically but chronologically.

"A liver man will not even listen to young lungs. A heart man does not care how you are—all he knows about is hearts. And practically none of the new-fashioned doctors care how you feel.

"Let us pray that this intense specialization does not spread to other fields. It may be well and good to peddle a stomachache all over Manhattan before finding a buyer, but may we be spared from dragging a motor car all over the city to find 'the right man.'

"'Oh, no, we don't touch that. You will have to take your car to a rear axle specialist. We concentrate on those teeny-weeny little wires in your spark plugs. And for that hoarseness in your klaxon you should see Croupem, the horn man.'"—Illinois M. J.

CHAPTER XII.

THE WAGNER-MURRAY-DINGELL BILL OF 1945

On May 24, 1945, a new Wagner-Murray-Dingell bill was introduced in Congress. It is known as S. 1050 in the Senate and H. R. 3293 in the House.

It provides for the appropriation of \$950,000,000 over a ten-year period to build, improve and enlarge hospitals and health centers.

It provides for annual appropriations of sums "sufficient to carry out the purposes" of the subsections dealing with tuberculosis and venereal diseases without limiting the appropriations to any definite amount as at present.

It authorizes an appropriation each year of "a sum sufficient to carry out the purposes" of the section to assist States, counties, health districts, and other political subdivisions of the States to extend and improve public-health work.

It provides grants to States for maternal and child health and welfare services.

It provides for a public assistance program to needy individuals and for a national system of public employment offices.

It provides for a nationwide system of compulsory sickness insurance. It provides unemployment and temporary disability insurance benefits, retirement, survivors, and extended disability insurance benefits and numerous other so-called benefits.

It extends the Social Security Act to an estimated 15,000,000 additional persons.

Also it provides for a tax of eight per cent of wages. Four per cent of this is to be deducted from wages, or the equivalent thereof, and 4 per cent is to be paid by the employer.

It will therefore be seen that the Wagner-Murray-Dingell bill of 1945 is designed to centralize all social welfare and public health activities in the hands of a few persons. Also it contemplates placing

in the hands of these persons a substantial part of the Nation's income and allowing them to redistribute these enormous sums of money with the least possible restrictions as to how the money is to be expended.

The Citizens Medical Reference Bureau, Inc., is only concerned with opposing the medical provisions in the Wagner-Murray-Dingell bill. The non-medical provisions contained in the bill are distinct from the activities of the Citizens Medical Reference Bureau, Inc.

The New York Times Raises Many Significant Questions About the Wagner-Murray-Dingell Bill

In an editorial May 26, 1945, *The New York Times* states there are strong reasons for thinking that the sponsors of the Wagner-Murray-Dingell bill have greatly underestimated the cost of their measure, and that this 8 per cent tax would not be nearly adequate, after a few years, for what they propose.

The New York Times also raises a number of highly significant questions about the new Wagner-Murray-Dingell bill. It says:

"It is a central aim of social progress to mitigate the hazards of unemployment, need, sickness, disability and old age for the individual. Every step is to be welcomed by which this can be done without itself introducing equal or greater hazards. This indicates the questions to be asked of a proposal like the Wagner-Murray-Dingell bill. Will it provide relief where it is needed without producing it where it is not needed? Will it mitigate the penalties for failure or misfortune without weakening the incentives to production and success? Will it provide aid to individuals without making them politically dependent and without dangerously extending the power of the central government?"

"Under the bill as it stands it is more than doubtful whether these questions can be answered satisfactorily. Even under the present social security program we face problems for which we have not yet produced adequate answers. Yet under the new bill vast new programs would be undertaken and existing programs would be tremendously 'liberalized.' . . .

"A question must be raised about the total costs of this bill, which its sponsors seem to treat so lightly. An 8 per cent tax on payrolls (4 per cent to be paid by workers and 4 per cent by employers) is in itself an extremely high tax. It is a direct tax on employment. Hence it tends to discourage employment, the very thing upon which our whole welfare and prosperity, including the success of social security plans, must depend. Yet there are strong reasons for thinking that the sponsors of this bill have greatly underestimated the cost of their measure, and that this 8 per cent tax would not be nearly adequate, after a few years for what they propose.

"The tremendous financial commitment involved in the Wagner-Murray-Dingell bill ought to involve the most careful study, even in a period when

the budget is balanced and on a relatively manageable level. To undertake it lightly at the present time, when the budget is already unbalanced to an unparalleled extent by war, and when the path taken to balance and manageability is already far from clear, would be an assumption of obligations without considering how they are to be paid."

Medical Society to Campaign in the Interests "of the American Way of Medicine"

A special Atlantic City, N. J., dispatch, published in *The New York Times*, May 24, 1945, dated May 23rd., the day before the new Wagner-Murray-Dingell bill was introduced, reported the Board of Trustees of the Medical Society of New Jersey as having scheduled five public meetings throughout the State in defense of what it called "the American way of medicine." It also reported Doctor Londrigan, who presided at the session, as saying that the trustees voted to reaffirm support of the society for the American Medical Association "in its fight against socialized, political medicine" and to hold the State-wide meetings as an educational campaign in the interests "of the American way of medicine."

Plans for Socialized Medicine Held Inconsistent With Need

In a communication published in *The New York Times*, May 24, 1945, B. Garrison Lipton, M. D., raises the question if there isn't "something incongruous and inconsistent in the advocacy of socialized medicine, or health insurance, or new medical schemes for a service which consumes the least part of the spending dollar, while there is no similar interest in altering our American way of life in spending the other 94 cents any way we see fit?" The letter reads:

"According to some figures in Topics of the Times, the American dollar is spent as follows: 25 cents on food, 30 cents housing, 10 cents clothing—65 cents, the major part; 10 cents on autos, 8 cents on alcohol and tobacco, 6 cents 'social cultural,' 5 cents entertainment—94 cents.

"This leaves 6 cents out of the dollar spent on medical care plus miscellaneous.

"The actual cost in medical care is 4 cents in each dollar.

"In other words, the American public spends the least amount for a service considered by leading New Dealers 'second in importance to the problem of peace,' as quoted in *The Times*.

"For the small amount spent, comparatively speaking, the problem of medical care has stirred the greatest amount of excitement, agitation, ill feeling and misunderstanding among interested groups.

"While physicians as a group are too busy attending to the sick to participate in debates, some adroitly sophisticated opponents fill the air and press with platitudes and carping criticism, while other union spokesmen with a newly acquired effrontery assail the profession with unbridled fulminations as if it would do them any good if the profession refused to bow to their dictation.

"Agitation for a change in medical practice was intensified during the extreme economic depression. Even though financial conditions since then have improved considerably, there has been no abatement in the indoor sport of attacking the profession by ranting demagogues who are more benefit to themselves in new schemes than real aid to the unfortunate needy.

"Isn't there something incongruous and inconsistent in the advocacy of socialized medicine, or health insurance, or new medical schemes for a service which consumes the least part of the spending dollar, while there is no similar interest in altering our American way of life in spending the other 94 cents any way we see fit? Will someone please answer?

"B. Garrison Lipton, M.D.

New York, May 10, 1945."

It is the Physicians in High Public Office Who Are Largely Responsible for the Continued Agitation for Socialized Medicine

Political medicine as now constituted is using public funds and its high offices to promote a nationwide system of socialized medicine. The program of the United States Public Health Service has been and is being directed toward establishing a system of socialized medicine in a number of ways as follows:

1. The United States Public Health Service specifically recommends such a system.

2. This Service is continually conducting surveys in support of its contention that large numbers of persons are ill because they lack medical attention. With the same expenditure of funds and effort it would be able to conduct surveys proving that large numbers of persons have been made ill due to ill-advised or over-medication, but that would fail to support its program for increased medical attention for everybody.

3. This Service places particular emphasis upon the alleged need of laboratory investigations, laboratory diagnoses and laboratory products for the alleged cure or prevention of disease. If it mentions sanitation at all, sanitation is the last to be mentioned, whereas it should head the list.

4. It advocates an extraordinarily complex, highly specialized and expensive type of medical service. It thereby discredits the services

rendered by many conscientious family physicians who find little use for "a battery of equipment" and the services of so-called "specialists." The more expensive medical care becomes, the more it gets to be beyond the reach of large numbers of persons without Government aid. However, it does not follow that because the expense is greater that the individual receives better care. Also if the Government is to supply the physicians of the community with private offices, according to the health center program, the private physician would thereby become still further obligated to practice in accordance with the political medical program.

The program of the United States Public Health Service was outlined by Thomas Parran, M.D., Surgeon General, United States Public Health Service, in an address at the dedication of the Health Institute, United Automobile Workers, C.I.O., at Detroit, Michigan, January 19, 1945, published in *Public Health Reports*, April 27, 1945.

"We should find the means to finance the costs of medical care for every individual, through tax-supported programs, health insurance, or a combination of both," said Doctor Parran. Referring to "medical science," Doctor Parran said:

"Medical science today is extraordinarily complex. The practice of medicine requires a battery of equipment and skills unknown at the turn of the century. The laboratories, the X-ray machines, and the corps of consultant specialists assembled in your Health Institute represent the costly and complex methods of modern diagnosis."

Any Further Extension of Political Medicine as Now Constituted Would Be a Step Toward Compulsory Sicknes Insurance

The Citizens Medical Reference Bureau, Inc., takes the position that if the threat of compulsory sickness insurance is to be removed it is necessary that public attention be directed to the fact that medical knowledge is relative knowledge and not absolute knowledge. If this fact were more clearly understood by the average layman and legislator it would soon put a stop to the medical regimentation now being carried on by the United States Public Health Service of the medical profession and the people generally. Also it would put a stop to proposals for a further extension of political medicine as now constituted.

That the American Medical Association recognizes that much of the proposed expansion of public health facilities is experimental in character is indicated by an editorial in *The Journal of the American*

Medical Association, June 2, 1945, entitled "The Wagner-Murray-Dingell bill (S. 1050 of 1945)." It says:

"The Wagner-Murray-Dingell measure—1945 version—would take over the proposals of the Hill-Burton bill for hospital and health center construction and make of it a ten-year program at ten times the cost. This is long term planning with a vengeance, in view of the experimental character of the proposal, at best. Instead of the advisory board with authority proposed by the Hill-Burton measure, the 1945 Wagner-Murray-Dingell bill would substitute a National Advisory Hospital Construction Council, appointed by the Surgeon General and without authority, except to review applications and make recommendations."

How Sickness Payments Tend to Encourage Malingering and Questionable Practices

The unexpected complications which have arisen in Rhode Island as a result of the passage there two years ago of a cash sickness insurance law are revealed in an article published in the *Monthly Labor Review*, issued by the United States Department of Labor, February 1945. It says in part:

"Practical problems involving not only human nature but also the terms of the Act, however, bulk large in administration. Examples of the first type of problem include certain fraudulent or questionable practices, as for instance:

"1. Application for and acceptance of benefit payments by a worker while at his regular work.

"2. Obtaining benefits while at work different from the worker's regular duties and using the ambiguity in the definition of sickness under the law as justification.

"3. Malingering, and

"4. Some alleged 'buck passing' to Board physicians by the examining doctors in cases in which diagnosis is difficult.

"Problems that spring from the terms of the Act are concerned with:

"1. The broad definition of sickness under the Act.

"2. Regulations which permit a worker to receive simultaneously two or more types of compensation (sickness benefits, workmen's compensation, wages paid by an employer during a worker's illness, various types of group insurance, etc.) and

"3. The adequacy of the 1 per cent deduction from wages to finance the sickness-compensation system.

"The problem that arises when claimants under the sickness compensation law receive compensation from other sources has produced two radically opposed opinions. As such double payments might conceivably make it more profitable for a claimant to remain at home than to go to work, one opinion

favors abolition of the right to cash benefits under the Act if the claimant receives compensation from any other source.

"The other holds that, with the exception of the payment of salaries during sickness, all other payments are merely different types of insurance to which the worker is entitled if he or his employer is a contributor."

Says Money Has Not Been Able to Engender Ideas

An editorial in *The Journal of the American Medical Association*, November 7, 1931 says:

"Particularly in the fields of cancer and tuberculosis, philanthropy has been exceedingly generous; but money has not been able to engender ideas. 'In well equipped laboratories,' says Zinsser, 'many a man and woman is patiently sitting on a lifeless idea like a hen on a boiled egg.'"

One reason for this groping in the dark in medical laboratories is that "Most of the questions put to themselves by those who study human beings remain without answer," as brought out by Alexis Carrel, M.D., in his book *Man The Unknown*. Doctor Carrel said:

p. 4. "In fact, our ignorance is profound. Most of the questions put to themselves by those who study human beings remain without answer. Immense regions of our inner world are still unknown.

p. 5. "We are very far from knowing what relations exist between skeleton, muscles, and organs, and mental and spiritual activities. We are ignorant of the factors that bring about nervous equilibrium and resistance to fatigue and to diseases. . . . It is quite evident that the accomplishments of all the sciences having man as an object remain insufficient and that our knowledge of ourselves is still most rudimentary. . . ."

Says Physicians Know Their Knowledge is Relative

The awe surrounding the words, "What the Doctor Says," and the glamour attached to such terms as "Modern Medical Science" combine to create the impression that every so-called "medical discovery" is a boon to humanity and that the eradication of disease is simply a matter of more medical discoveries, more medicines for everybody and more doctors, clinics and hospitals at public expense for dispensing these medicines to an ever-increasing number of patients.

But if the laymen knew, as the doctor does, who administers the treatment, that ten years from now the treatment which the patient receives may be recognized as entirely wrong, he would not be so quick to demand that his neighbor be compelled to submit to the same treatment he receives.

That physicians know that their knowledge of physiology is relative knowledge entirely and not absolute knowledge was brought out by William D. Chapman, M.D., Chairman of the Council of the Illinois State Medical Society at a Federal hearing on a bill to provide a child welfare extension service in the Children's Bureau, held in 1928. Doctor Chapman said:

"The medical profession, the men who practice medicine, know that their knowledge of physiology is relative knowledge entirely and not absolute knowledge. Until we know physiology in a fashion which we do not up to now, medical practitioners must continue to weigh and to distinguish between the relative and the absolute.

"Treatment must often be used which the practitioner knows is merely the best available at the present time; and he uses it bearing in mind that 10 years from now that may be recognized as entirely wrong.

"The lay health worker is prone to accept as plain straight facts what the medical profession teaches today, because they may have it from the pen of perhaps the greatest medical authority in the land. The man who wrote it and the professional men for whom he wrote it reserve the fact in mind that his knowledge was relative. It was the best that he had, and it had to be weighed and evaluated to the best of his ability. A profession trained in this evaluation can use relative knowledge. A profession untrained, or an economic profession, in evaluating relative and absolute knowledge, finds itself groping about in a strange field, and the care of mothers and infants has not been improved by it. In all the physiological processes, the men who practice medicine know that the time always comes when we come back to the spark of life, about which we know nothing; we say, 'this organ performs that function, because it is activated from this source,' but presently we always get back to, 'Oh, it is the spark of life that does that.' It is a point that is not recognized by the lay health worker, and it has frequently led those workers very far astray in their efforts."

That the greatest obstacle to human progress was the scientific knowledge about which we are most positive is brought out by A. T. McCormack, M.D., in an article entitled "Scientific Facts," published in the *Federation Bulletin*, August, 1943, page 242, republished in *The Journal of the American Osteopathic Association*, November, 1943, as follows:

"I heard the Director of the National Bureau of Research in Washington say a few years ago that the greatest obstacle to human progress was the scientific knowledge about which we are most positive. Things we are most positive about may be wrong. Remember Aristotle told how many teeth a horse had. It was fourteen hundred years before somebody looked into a horse's mouth to verify this and found that Aristotle had evidently counted only one horse's teeth, some of which were missing. Yet for fourteen hundred years in every scientific school in the world, students were told the exact number of teeth Aristotle had counted.

"The same thing is happening today. We accept many scientific facts. It has seemed to me that we have missed the mark to a very considerable

extent. I believe that Greek, Latin and philosophy are probably more important in the training of a medical student than chemistry or any other technical subjects, because we do not want to make all of our physicians technicians.

"It seems to me a Bachelor of Arts is just as well qualified to enter medical school as a man who has learned every single one of the technical branches in which we examine. I really believe that one of the reasons we are in the present 'mess' is because too many of us have become such excellent technicians we have stopped thinking about anything else but the technic of our job. As a matter of fact, our human relationships, our associations with one another, our confidence from the public are not dependent at all upon the scientific knowledge we have."

Says Good Health Should Be Natural

"Injections of specific vaccine or serum for each disease, repeated medical examinations of the whole population, construction of gigantic hospitals, are expensive and not very effective means of preventing diseases and of developing a nation's health," said Doctor Carrel in his book *Man The Unknown*, and added: "Good health should be natural. Such innate resistance gives the individual a strength, a boldness, which he does not possess when his survival depends on physicians."

Elsewhere in the same book Doctor Carrel says:

". . . Man is not content with health that is only lack of malady and depends on special diets, chemicals, endocrine products, vitamins, periodical medical examinations, and the expensive attention of hospitals, doctors, and nurses. He wants natural health, which comes from resistance to infections and degenerative diseases, from equilibrium of the nervous system. He must be constructed so as to live without thinking about his health."

Sanitation, better housing facilities and improved living conditions generally help to provide the natural health referred to by Doctor Carrel and leave no dangerous after-effects in their wake.

Non-Medical Factors Affecting Health

The many legislative proposals providing for the medical regimentation of everybody make it appear that the standard of public health progress is measured by the amount of tinkering of body and mind the public is willing to subscribe to and the quantity of drugs and other medicinal products that the people are willing to consume.

On the other hand, it is to be noted that non-medical scientifically trained public health workers, skilled in sanitary engineering, bacte-

riology, chemistry, physics, sanitation, vital statistics, nutrition and other scientific but non-medical pursuits, have contributed substantially to the advancement of public health endeavor.

In this connection, an editorial in *The Journal of the American Medical Association*, entitled "Nonmedical Factors Affecting Health," October 29, 1938, points out that "Many factors other than the actual rendering of medical and allied services may affect the maintenance of good health and recovery from disease." The editorial further states that "The whole problem of improving the health and the average life span of the American people is mingled with factors which the medical profession can regulate only indirectly rather than by the employment of its professional services alone."

Wide Difference of Opinion With Regard to the Germ Theory

The theory that every so-called "contagious" disease is caused by a specific germ is subject to wide differences of opinion. However, much of the activities of boards of health have been directed toward the isolation and study of these supposedly dangerous organisms and to the preparation and distribution of serums or vaccines intended to combat these organisms. Then when the so-called germs prove harmless and when the vaccines and serums are discovered to be more dangerous than the germs new theories are advanced to explain the failure of the so-called germs to act as they were expected to act.

"There are known to be more than 800 kinds of bacilli, more than 300 species of cocci and nearly 100 kinds of spirilla," according to an article in *Hygeia*, a monthly magazine, issued by the American Medical Association, May, 1928. Does this mean that every healthy person should submit to 1,200 different kinds of injections as an alleged protection against the 1,200 different kinds of organisms now known, to say nothing of the thousands upon thousands of organisms which are too small to be seen by any microscope? The idea is to start with a limited number of biologic products and continue to add more and more as the public becomes "educated" thereto.

"If virulent organisms can become avirulent, and avirulent can become virulent, or if cocci can be transformed into bacilli, and vice versa, there can be no stability," said David C. Muthu, M.D., M.R.C.S., L.R.C.P., in his book *Pulmonary Tuberculosis*, and added:

"If one kind of organism can produce symptoms belonging to quite another kind of organism, if different kinds of bacteria can produce similar symptoms, and the same bacteria can cause different disorders, or are found both in healthy and diseased persons, there can be no specificity; and if the sta-

bility and specificity of bacteria became untenable, the very foundations of bacteriology are assailed. . . .

"The truth is that every theory and treatment of tuberculosis based on infection has led us into fallacy, confusion, and contradiction. The medical mind has been trained for a generation to think and act bacteriologically. The luxurious development of bacteriology has side-tracked medical research, narrowed its vision, exaggerated the part played by the micro-organisms, and distorted the perspective of healthy and diseased conditions."

"In 1920 certain investigators sent typical cultures of *B. diphtheria* to several laboratories for a report as to what germ was involved," says T. Swann Harding in his book *Fads, Frauds and Physicians* and adds: "In spite of the fact that the diphtheria germs were strong in each culture, A reported two negatives out of thirty samples, B. four negatives out of twenty-eight samples, and C. nine negatives out of thirty-eight samples! Then they sent out cultures containing instead of diphtheria germs their dead ringers—*B. Hoffmanni* and *B. pseudo-diphtheria*. A reported five positive (real diphtheria) out of twenty-nine, B. eleven positive out of thirty samples, and C. ten positives out of thirty-four samples."

On page 136 Mr. Harding says:

"Turning now to the introductory paragraphs of the very same article by Manwaring, Professor of Bacteriology and Experimental Pathology at Stanford University, we find these words:

"Our first half century of modern immunology has been characterized by recurring waves of clinical hope and clinical disappointment. A hundred theoretically logical, monovalent, polyvalent, prophylactic and curative antisera proposed, clinically tested and commercially exploited during the transitional years of the twentieth century. Ninety-five per cent of them thrown into the clinical discard. An equal number of the theoretically logical, monovalent, polyvalent, prophylactic and therapeutic vaccines. A scant 5 per cent of them of more than historic interest. A thousand frantic clinical trials with theoretically logical opsonic index and leucocytic extract. All shelved with the miasmas and phlebotomies of our Revolutionary ancestors.

"And we call this scientific medicine. . . ."

The "Fomites" Theory of Infection Abandoned

"A visit to the Treasury Department at Washington furnished valuable and impressive evidence concerning the fallacy of the fomites theory," said Alvah H. Doty, M.D., New York City, in the *Medical Record*, June 21, 1919. "Here an enormous quantity of old and dirty paper money was being handled and rehandled by a large force of employees prior to destruction. I was informed by the officers in charge that there was no evidence that clerks had been infected

through this source although no disinfection had been done or other special action taken as protection," said Dr. Doty, and added:

"Evidence in support of the fomites theory is usually based on the most scanty information. For instance, it was recently reported in the daily papers, that a cashier in a restaurant died of scarlet fever and that he was undoubtedly infected by money which had passed through his hands. There was not the slightest proof of this, but the theory was plausible and was readily accepted.

"It must be borne in mind that rag-pickers, dealers in old clothes, employees in banks, and others who are constantly handling or coming in close contact with articles alleged to be media of infection, are subject in a general way to the same exposure that others are, and there is no reason why they should not contract infectious diseases in the usual way. If the fomites theory was sound these people would be far oftener infected than others. NO SUCH FACTS, HOWEVER, HAVE APPEARED.

"The disinfection of apartments at the termination of infectious disease was formerly held to be absolutely necessary. It was believed that pathogenic organisms in an active state were present in these rooms and that disease could be contracted by those entering the apartment. This was so generally believed that discharges of the patient were not promptly destroyed and other details of cleanliness were largely overlooked; everything was left for so-called terminal disinfection. Now we know that protection depends upon the prompt destruction of infective agents in their active state, as they come from the body of the sick. This, it will be seen, is closely associated with cleanliness. If this is carefully attended to we need fear little from the room itself. In several cities where modern preventive methods are employed with the most gratifying results, the disinfection of apartments has been practically abandoned."

How the Carrier Theory Was Used to Bolster Up the Germ Theory

The fact that large numbers of healthy persons were found to be harboring so-called virulent germs and the further fact that the presence of these supposedly "deadly" germs failed to cause these healthy persons to become ill threatened to put the germ theory in the discard. Then the germ theory was again saved from oblivion by the promulgation of the theory that the persons who harbored so-called virulent germs were "disease carriers" and that the germs might prove harmful to other persons.

An article in *The Illinois Medical Journal*, September, 1919, stated that "practically everyone is harboring typical hemolytic streptococci in their tonsils which cannot or have not been differentiated from many dangerous strains of streptococci, from pneumonias and other serious infections."

One inconsistency of the carrier theory is that no department of health has yet proposed that the physicians be examined to determine whether or not they are disease carriers, and no department of health has ever proposed that any physician be isolated or operated upon as a disease carrier. Yet physicians do go from one patient to another and would therefore be the most likely to carry or contract these so-called virulent germs. It is always a farm-hand, a cook, or a ward of the Government who is said to be the "disease carrier."

The carrier theory has resulted in a number of persons being isolated for long periods of time or even for life. Others have had to seek other employment. Others have had kidney or gall bladder operations.

The carrier theory is a cloak for ignorance of the real cause of disease and stands in the way of further investigation to locate the contaminated drinking water or other source of filth which should be located and cleaned up. If a sufficient number of persons are examined one is sure to be found a "disease carrier" and there is no further interest in continuing the investigation.

Changes in Medical Practice Compared to Keeping Up With the Styles in Dress

One of many citations which might be given showing that leading physicians frankly concede the vast amount of credulity in medical practice is an article by Ernest E. Irons, M.D., Chicago, in *The Journal of the American Medical Association*, April 18, 1931, p. 1289. Doctor Irons said:

"Methods of treatment of disease, like styles and fabrics of dress, change from year to year and from decade to decade and in both even a brief historical review will demonstrate a continued repetition of older practices somewhat modified to meet new conditions and modes. In matters of dress, which vary from long to short and back again, the original object of clothing to protect the body from cold and injury seems at times to be lost sight of, and in medicine newly observed or striking effects lead to the revival or popularization of remedies without due regard to ultimate results, on the assumption that these effects are necessarily beneficial to the patient. The occurrence of the changes is evident; their value to the patient requires careful consideration. The ease of use of the hypodermic needle which makes possible the parenteral introduction of proteins into the body has led to widespread and often uncritical use of this method in the treatment of all manner of conditions, and to the drawing of clinical conclusions often without consideration of the natural history of the diseases treated. . . .

"From 1906, the date of Wright's introduction of vaccine treatment, the number of papers on vaccines in medical journals constantly increased until

it reached a formidable volume about 1912. From that time on, interest in this form of treatment has declined, and the number of papers on vaccine therapy recorded by the *Index Medicus* steadily shrank until by 1923 they formed but a small part of the articles listed. In 1923 Doctor Hektoen and I undertook by questionnaire to ascertain the opinion of practicing physicians with respect to the use of vaccines. We received replies from 1,519 physicians, the groups including members of the special societies of the Congress of American Physicians and Surgeons, physicians in the larger cities of Michigan, physicians of Indianapolis, and physicians of New York and Brooklyn. The replies from each of the four groups were in substantial agreement and indicated that the use of vaccines of various sorts had decreased from a widespread use in the years centering around 1912 to a relatively small percentage in 1923. Excluding hearsay reports, we obtained records of 140 instances of harmful results, including a number of cases in which death was considered to have been caused by the use of vaccines subcutaneously injected. Seventeen cases of asthma were reported to have followed courses of bacterial vaccines, administered to patients who previously were not known to have suffered from asthma.

"The verdict of these 1,500 jurors, selected alphabetically and only on the basis of their willingness to serve, indicated that the great expectations of the period from 1906 to 1912 for the general usefulness of vaccines had not been fulfilled, as shown by the fact that in all but five of sixty-three different disease conditions for which vaccines had been recommended, the percentage of physicians not using or no longer using them was nearer 100 than 90 per cent.

"The span of the rise and fall of the popularity of vaccines was about fifteen years. . . ."

Says Presence of Diagnostic Aids Leads Physician to Neglect Essentially Simple Methods of Observation

In his book *Our Medicine Men*, published in 1922, Paul H. De Kruif, a bacteriologist, points out that refinements in diagnosis may lead the physician to neglect essentially simple methods of observation. He says:

p. 71. "Certainly the refinements in diagnosis, the blood counts, pathological tests, metabolic studies, bacteriological examinations, x-ray plates, afford facilities unknown to the physicians of the *ancien regime*. On the other hand, the very presence of all these aids leads the modern physician more and more to neglect the careful and essentially simple methods of observation and physical examination so notably developed by Laennec and Skoda, by Widal and Osler. The more heavily the physician leans upon the science of the study of disease, the more he is likely to neglect facts that might be directly and simply determined without an imposing and confusing array of modern gimeracks. The famous surgeon, de Nancrede, expressed these thoughts succinctly when he exclaimed, in an outburst of choler, 'It is commercialism and science that are ruining medicine.'"

Says No Drug Is of Much Use in Medicine Unless It Is Dangerous

In an item in *The New York Times*, October 18, 1942, Waldemar Kaempffert said:

SULFA DRUGS—The more toxic or poisonous a sulfa drug is to bacteria the more dangerous is it likely to be in the treatment of human ills, warns Dr. Sam C. Little in *The Journal of the American Medical Association*. This is about what physicians expect. No drug is of much use in medicine unless it is dangerous."

The Right of the Individual to Refuse to be Subjected to Serum Sickness

Having in mind that medical knowledge is relative and not absolute it is highly essential that the individual shall be protected against any attempt on the part of a medical bureaucracy to regiment the individual to submit to any form of inoculation which may have the effect of causing the individual to become ill.

That serum sickness is frequent and often severe and that it sometimes proves fatal is revealed in numerous articles appearing in medical and public health literature.

An item in *Hygeia*, August, 1939, states that "While only rarely fatal, serum sickness is frequent and often severe."

An editorial in *The Journal of the American Medical Association*, October 17, 1942, p. 536, says in part:

"Kojis, who recently studied a series of 6,211 cases in which horse serum was employed for various infections, suggests that mortality from anaphylaxis to serum is much greater than the incidence generally quoted from Park for this country (1 to 50,000) and from Pfaundler for Europe (1 to 100,000). Five fatalities were noted in the present series, a mortality rate of 1 in 1,042, or just under 0.1 per cent. Why serum sickness develops in some cases and not in others still remains a mystery. Contributing causes suggested by this study are the kind of serum, the preparation of serum, the quantity of serum, the horse producing the serum, the race of the patient, the route of administration, repeated injections and the patient. The most important influencing factors were the kind and the preparation of serum, repeated injections and the patient. The administration of an injection during serum sickness is particularly hazardous. Of 3 patients in this series who had injections 1 promptly died and another was made distinctly worse. . . ."

"Allergy" is the title of *Clinical Bulletin No. 29*, Revised March, 1940, by Leo H. Crip, M.D., Consultant, Veterans' Administration, Pittsburgh, Pa., issued by the Medical and Hospital Service of the

Veterans' Administration. Chapter X is entitled "Serum Allergy," the opening paragraph of which is as follows:

"Following the administration of a foreign serum, an individual may or may not give evidence of a reaction. The chances are, however, that he will, for it occurs in a fairly large percentage of persons. The rapidity of the onset and the intensity of the reaction depend not only on the mode of administration of the serum (subcutaneous, intramuscular, or intravenous), but also on the type and amount of serum employed. Because reactions may prove serious and at times even fatal; and because a great deal of confusion still exists with regard to the subject, there will be discussed the types of reactions occurring following the introduction of therapeutic sera, the diagnostic methods by which such reactions may be anticipated, and finally, the value of various procedures which may be employed to avoid such reactions."

Many Leading Physicians Have Sounded a Warning Against the Indiscriminate Use of the Sulfa Drugs

No medical discovery has ever been heralded to the public with so much acclaim as the sulfa drugs. They were hailed as wonder drugs long before a supply could be made available to practicing physicians among the civilian population. Then when these drugs were made available there was a rush to try out these new wonder drugs.

But many physicians, although they favored the use of these drugs in certain cases, sounded a warning against using them indiscriminately.

The following citations pointing out the toxic effects of these drugs are typical of hundreds of similar warnings which have appeared in medical and public health literature throughout the country.

"Animal experiments seem to indicate that all members of the sulfonamide group have a toxic effect on the nervous system, the parent substance, sulfanilamide, being the least toxic, and some of the newer derivatives being the most toxic," according to Sam C. Little, M.D., in a paper published in *The Journal of the American Medical Association*, June 6, 1942, p. 474. Doctor Little added:

"The toxic effects are probably an integral part of the primary effect of the drugs on all cells, bacterial or human. It has been suggested that some of the deleterious nervous and mental effects may be dependent on cerebral anoxia resulting from hemoglobin, attaching itself more readily to the sulfonamide group than to oxygen. Intermittent administration of a single sulfonamide or successive administration of different sulfonamides seems to predispose to the development of toxic nervous system symptoms, possibly through a sensitization process. A review of the clinical reports, in general, confirms the results of the animal experiments. The drugs appear more neurotoxic in the presence

of preexisting disease of the nervous system. The following abnormal conditions have been reported as due to the use of the sulfonamides; dysmorphism, aphasia, agraphia, stammering, toxic psychosis, peripheral neuritis, encephalomyelitis, myelitis, optic neuritis; transitory myopia, meningeal signs, blindness and convulsions."

"The rapidly changing panorama of effective medication within the past few years has been accompanied by precarious and dangerous sequelae," said Morris Robert Keen, M. D., in an article in the *New York State Journal of Medicine*, January 15, 1940, p. 83, who added:

"Sulfapyridine (a para-amino-benzene sulfonamido-pyridine) with its dramatic results in certain pneumonic processes comes within this group of erratic drugs. For a pneumonia patient to recover over-night, as it were, and then to be precipitated into an acute abdominal syndrome is an unpleasant aftermath for the patient as well as his physician. The urinary complications following the use of this drug have recently been brought to light from several angles."

Warnings Against Indiscriminate Use of Penicillin

In a communication published in *The Journal of the American Medical Association*, March 17, 1945, Leslie A. Falk, 1st Lieutenant, M.C., A.U.S., said: "It is not at all unlikely that the 'patent medicine' manufacturers will soon get hold of the drug and we may soon have intense salesmanship of penicillin chewing gum, penicillin cough drops and penicillin mouth wash, not to mention penicillin skin cream or even penicillin laxatives." 1st Lieutenant Falk also said:

"Time alone will tell what the abuses of penicillin are to be. Its parenteral administration has resulted in an infrequent but definite number of reactions such as urticaria (see Report of the Committee on Chemotherapeutic and Other Agents of the National Research Council in *The Journal*, August 28, 1943, page 1217, and other reports), thrombophlebitis and even contact dermatitis (Pyle, H.D., and Rattner, Herbert, *ibid.*, July 29, 1944, p. 903). Penicillin may be harmful in acute rheumatic fever (Foster, F. P., and others, Sept. 30, 1944, p. 281) and penicillin resistant strains may develop (Virulence of Penicillin Resistant Bacteria, editorial Aug. 12, 1944, p. 1042)."

Chaotic State of Affairs in the Shock Therapy of Mental Disease

The following enlightening quotation is from an editorial in *The Journal of the American Medical Association*, July 24, 1943, p. 874:

"For some time shock therapy has occupied the center of psychiatric interest. It is practiced to greater or lesser extent in three hundred and five hospitals for mental diseases, public and private. Many questions with regard to its therapeutic values under various conditions are still to be answered; in

fact, psychiatrists are far from agreement as to its methods, indications and results. Lewis points out that the facts needed to evaluate shock therapy properly are not yet available in spite of its extensive clinical use. The results published appear to be discordant. The statistics reveal a rather chaotic state of affairs. To quote Lewis, 'there is as yet no consensus of the basic value of any of these treatments' (insulin, metrazol, electric currents and other shock producers), some authors being very enthusiastic over their results, others being unconvinced of favorable results, and still others expressing frank opinions on the inadequacy and even harmfulness of such procedures."

No Compulsory Drugging Wanted

It is one thing for the American people to be free to accept prevailing "regular" medical theories and practices for the alleviation, cure or prevention of disease.

It is quite another thing for Governmental agencies to seek to impose these theories and practices upon millions upon millions of citizens who find by experience that they can best maintain their health and happiness by adhering to some other method of treatment.

Nothing in this book is intended to in any way discredit the theories or practice of the private "regular" physician in the private practice of his profession.

It is intended as a protest against compulsory medicine or so-called "political medicine."

It is a protest against the adoption in the public schools of a syllabus or medical lectures by which children are compelled to accept teachings about disease which tend to create fear in the minds of the children and thereby cause disease.

Also it is intended as a protest against a nationwide propaganda at public expense to trick large numbers of persons into allowing themselves to become medically regimented. The fear appeal, selected statistics, false promises of wiping out disease and attempts to cloak the relative character of medical knowledge under the mask of "medical science" characterize much of the propaganda now being disseminated in the name of public health.

The fact that medical knowledge is relative and not absolute is clearly revealed in medical and public health literature but the trick is to bring about political medicine by keeping this information buried in technical publications and in making it appear that medical knowledge is now scientific and therefore absolute.

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